Voices of mothers with empty arms:

Separation and reunification issues experienced by mothers with alcohol and other substance use issues

I cannot believe, that they can go in with an apprehension warrant and leave a parent sitting there with empty arms and a piece of paper saying 'we apprehended your children'

That's why I really want to do this interview, because things need to change big time. I don't want anyone else to go through what I've gone through. It's traumatic. I don't want anyone else to suffer like that

After you lose a child, you're lost for a long time

Going through this is the most disempowering experience of my life

If we weren't ready in 12 months, we would have lost her forever

If I'd lost them until they were 18, I probably would have been dead myself

A RESEARCH PROJECT INDUSTRY REPORT
Prepared for the Commissioner for Children and Young People WA
Funded by
Edith Cowan University
and the Commissioner for Children and Young People

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(on behalf of Edith Cowan University School of Medical and Health Sciences Research Team)
November 2017

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Acknowledgements

This research project has relied on the support and collaboration from many individu als and groups in providing research funds, designing and scoping the study, supporting recruitment, and ongoing consultation throughout the project.

The Commissioner for Children and Young People and Edith Cowan University provided funding for the research through the ECU Industry Collaborative Grant Scheme. This provided resources to assist participants, conduct literature reviews and engage participants. Both organisations also provided considerable in-kind contributions of staff time and administrative support.

The project also relied on the willingness of key service providers allowing access to clients. This involved considerable trust on behalf of these organisations in:

- recognising the major ethical issues involved in conducting this research and the shared value of putting the needs of participants as the highest order issue in conducting the research, and
- ensuring that the information imparted by participants is presented with recommendations for action.

Finally, and most importantly, the research team acknowledges the bravery and generosity of the mothers who participated in this research. It is not easy to share stories such as theirs in a society all too ready to judge and blame. These mothers demonstrated insight, fortitude and an extraordinary capacity to resist and keep struggling within a system that was often overwhelming for them and their children. The research team was impressed by the mothers' capacity to fight for their children and for an ongoing role in their children's lives – often against great odds. Without exception, the mothers' participation in this research was motivated by a desire to make things better for other children and other families. This research is dedicated to those mothers and their children.

Executive summary

This project spanned the period from January to November 2017 and involved 16 mothers, who had struggled with alcohol and substance use issues and were in the process of seeking reunification or had succeeded in resisting separation from their child(ren) or had reunified with their child(ren). To enhance credibility during the data collection phase, four separate service organisations providing support to mothers challenged by addiction were involved in providing information to their clients and encouraging them to participate in this project. Support of these agencies was crucial to the recruitment of participants for this study and the researchers were impressed by the agencies' willingness to allow them access to their clients. At the interview sites, three experienced counsellors conducted interviews and each interview lasted between one and two hours. The lead researcher and research assistants analysed data from the transcribed interviews to identify major issues.

All the mothers were highly motivated to have their child(ren) returned to their care and demonstrated significant resilience negotiating often difficult relationships with family and foster carers, the Department of Child Protection and Family Support and the courts. Their interviews provided rich accounts of the need for timely appropriate support before, during and after the apprehension of children. Most of the mothers reported having experienced significant traumas including sexual abuse, domestic violence and a lack of stable family role models in their own childhoods. Their difficult childhoods motivated them to attempt to provide safe and 'normal' home environments for their child(ren).

Mothers were positive in their accounts of dealing with agencies that treated them with empathy and whose workers acknowledged the challenges of parenting and of overcoming alcohol and other substance use issues. The mothers reported collaborative and respectful relationships with support workers in these agencies and highly valued support services that specialised in addressing addictions.

Maintaining bonds with their child(ren) in care was a priority concern for these mothers. The mothers were continually aware of the goals to be achieved in meeting child safety guidelines and managing their substance use issues. When asked to describe what would have helped them at critical points in the reunification process, mothers outlined a range of supports.

There are, however, clearly many barriers to successful reunification that warrant remedial action. It appears from the mothers' reports that unequal and non-collaborative working relationships with Department of Child Protection and Family Support impede successful reunification. The reunification of a mother and her child(ren) was often controlled by Departmental staff who lacked recognition of:

- the many overwhelming health and social problems the mothers faced on a daily basis,
- the mothers' ongoing needs for support in their parenting role,
- the importance of timely, appropriate support to eliminate the need to remove children from their mother's care when mothers asked for help,
- the traumas mothers experienced when child(ren) are apprehended and the heightened risks of a downward spiral into further substance use, and
- the need to follow-up when child(ren) are apprehended and provide mothers with information on services that can support reunification.

Research findings have identified the following priorities for mothers who have had children removed from their care:

- **Maintaining a parenting identity and bonds with children**
  The mothers' paramount motivation was to maintain and develop healthy relationships with their child(ren). Supervised visits in child-friendly natural environments can support this aim. Frequency of visits was also an issue and all mothers, who had children apprehended, sought greater contact. Mothers regarded two-way communication with family and foster carers as a necessary adjunct to visits and stated that the lack of such communication made it difficult to maintain their parenting roles.
- **Trusting Departmental staff and establishing collaborative relationships**
  As a group vulnerable to stereotyping, these mothers needed to be able to trust that Departmental staff would act in accordance with their responsibilities to safeguard both mothers and children. Mothers who had been exposed to lack of trust in the past, rightly feared that their candid disclosures of information and requests for support would be used as grounds to hamper, delay or oppose their reunification processes. This issue was of particular concern to Aboriginal mothers with complex family systems requiring a whole-of-family approach.
- **Consistency in goal setting and transparency in decision making**
  Unexplained and unexpected changes in goal-setting and assessment resulted in mothers losing confidence and becoming unsure of their progress towards reunification. Mothers want to be included in decision-making by the Department responsible for their child(ren)'s welfare. They sought to have more recognition as mothers, greater involvement in decision-making and have their concerns (especially their concerns about their child(ren) in care) listened to and acted upon. Mothers sought transparency around

decisions made following interviews with children as a necessary support to their ongoing involvement with the welfare of their child(ren).

- **Information and support including counselling and access to advocacy**
  Timely information and follow-up support is critical for mothers especially in the initial stages of apprehension. Delay in providing information, counselling and advocacy leaves mothers lost and at risk of spiraling into unhealthy behaviours to cope with the trauma of child removal. Mothers preferred to access counselling for themselves and their child(ren) through agencies with expertise in addiction. They wanted support from an independent advocate able to guide them through both the legal system and the reunification process. Information empowers mothers and can serve to lessen their vulnerability to a downward spiral into unhealthy coping mechanisms, such as alcohol and substance use.

- **Reasonable expectations around meeting social, employment and financial criteria**
  Mothers emphasised that their difficulties in developing social supports all too quickly became the major barrier to having their child(ren) returned in the designated period. Mothers who distanced themselves from previous unhealthy social contacts often needed time and support to establish new networks that would support their parenting. Mothers and their partners also struggled to meet urine-testing requirements, whilst trying to meet NewStart requirements or work without disclosing their health and parenting issues to their employers. This and the costs of travel for contact visits and providing for child(ren)'s overnight stays exacerbated their financial worries.

While this report provides multiple examples of participants' dissatisfaction in their quests for both formal and informal support to aid reunification with their children, the research team would encourage readers not to lose focus on the positive solutions these mothers have proffered and their motivations and resilience in pursuing reunification despite the barriers they have encountered.

To address the issue raised by the mothers, this report concludes with recommendations regarding organisational cultures and organisational practices that warrant remedial action.

1. Introduction

This research investigated the perspectives and experiences of mothers seeking reunification with their children who had been removed and placed in care.

This project was a collaboration between Cyrenian House, Women's Family and Health Services, the Commissioner for Children and Young People, Family Inclusion Network (WA), Next Step Drug and Alcohol Services, Mental Health Commission of WA and Edith Cowan University.

1.1 Research team

The project was initiated and undertaken by a team of researchers from Edith Cowan University under the guidance of a reference group comprising key government and non-government organisation representatives.

The research team members were:

- Professor Ruth Marquis, (Chief Investigator),
- Dr Myra Taylor,
- Dr David Coall,
- Dr Celia Wilkinson,
- Dr Julie Dare,
- Dr Marie-Louise McDermott,
- Jenniffer Hiemstra,
- Tara Ellis, and
- Julie Dickinson.

1.2 Reference group

The project's reference group comprised:

- Trish Heath, Director Policy and Research, Commissioner for Children and Young People,
- Natalie Hall, Principal Policy Officer, Commissioner for Children and Young People,
- Suzanne Helfgott, Manager Integrated Services, Next Step Drug and Alcohol Services, Mental Health Commission of Western Australia,

- Carol Daws, Chief Executive Officer, Cyrenian House,
- Debbie Henderson, Executive Officer, Family Inclusion Network of Western Australia (Fin WA),
- Margaret Slattery, AOD and Mental Health Services Manager, Women's Health and Family Services,
- Fiona Reid, A/AOD and Mental Health Services Manager, Women's Health and Family Services, and
- Avril Scott, Aboriginal Services Co-ordinator, Women's Health and Family Services.

2. Background

The *United Nations Convention on the Rights of the Child* (Article 7) states that the child shall have *'as far as possible, the right to know and be cared for by his or her parents'* [1]. Therefore, the potential for reunifying children (when safe to do so) with their parents is an area of growing research need. Parent-child reunification research to date has, however, largely been limited to determining the success rates of reunification. Studies contend that the rates of child reunifications are low among parents with substance use issues.[2] Moreover, child reunification rates are even lower among parents with substance use issues, who reside in environments, where poverty, unemployment, cultural disadvantage, single parenting and domestic violence predominate, or where their substance use co-exists with mental health issues.[3] These issues are particularly highlighted in the findings from this study.

The number of Australian children aged 0-3 years in out-of-home care has risen substantially due to increased maltreatment reporting requirements and moves towards earlier permanency planning. In 2015, 46% of all children in out-of-home care were aged under five years.[4] The majority of these very young children spend less than a year in out-of-home care, but older children tend to experience multiple and significantly longer placements. The concern over extended out-of-home placements is that they have reduced the likelihood of family reunification, and increased the risk that the child will lose contact with their birth parents and their

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[1] United Nations. (1989). *Convention on the Rights of the Child*. Retrieved from http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx

[2] Australian Institute of Health and Welfare (AIHW). (2014). *Child protection Australia 2014-15*. Canberra: AIHW Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2014-15/contents/table-of-contents

Doab, A., Fowler, C., & Dawson, A. (2015). Factors that influence mother-child reunification for mothers with a history of substance use: A systematic review of the evidence to inform policy and practice in Australia. *International Journal of Drug Policy, 26*, 820-831.

Delfabbro, P., Borgas, M., Rogers, N., Jeffreys, H., & Wilson, R. (2009). The social and family background of infants in South Australian out-of-home care 2000-2005: Predictors of subsequent abuse notifications. *Children and Youth Services Review*, *31*(2), 219–226. http://doi.org/10.1016/j.childyouth.2008.07.023

[3] Doab, A., Fowler, C., & Dawson, A. (2015). Factors that influence mother-child reunification for mothers with a history of substance use: A systematic review of the evidence to inform policy and practice in Australia. *International Journal of Drug Policy, 26*, 820-831.

McGlade, A., Ware, R., & Crawford, M. (2009). Child protection outcomes for infants of substance-using mothers: A matched-cohort study. *Pediatrics, 124,* 285-293

Schaeffer, C., Swenson, C., Turek, E., & Henggeler, S. (2013). Comprehensive treatment for co-occurring child maltreatment and parental substance abuse. *Child Abuse & Neglect, 37,* 596-607.

[4] Australian Institute of Health and Welfare (AIHW). (2014). *Child protection Australia 2014-15*. Canberra: AIHW Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2014-15/contents/table-of-contents

Taylor, M. F., Marquis, R., Batten, R., & Coall, D. (2015). Understanding the occupational issues faced by custodial grandparents endeavouring to improve scholastic outcomes for their grandchildren. *Journal of Occupational Therapy, Schools & Early Intervention*, *8*(4), 319–335. http://doi.org/10.1080/19411243.2015.1105169

cultural heritage.[5] Furthermore, parental reunification rates have been determined to be particularly low in situations where children have been in long-term custodial care.[6]

In 47% of child removal cases, kin (predominantly grandparents) are the Department of Child Protection's 'go-to' non-institutional kin-safety-net carers.[7] Research, unfortunately has shown the aunts/uncles of custodial grandchildren are reticent to commit to the children's long-term care.[8]

Yet as the 2008 *Experiences of Parents* report noted, 'there is only a limited amount of international and national research focused on parents and families of children taken into the care of statutory authorities. That report highlighted the 'grief, loss and despair amongst parents and families whose children have been taken into statutory care'. Their analysis of the meeting summaries of the Parents of Children in Care group concluded 'there is no doubt that the overwhelming voice is one that talks to the four evocative feelings of: Vulnerability, Alienation, Anger and, Despair'. [9]

Other key themes in that report related to:

- the absence of attention to the voices and experiences of parents,
- the absence of attention to emotional reactions of parents,
- the problem-focused orientation and dominance of negative discourse,
- the focus on and negative constructs of mothers,
- the importance of family and the continuation of contact between parent and child, and

[5] Osborn, A., Delfabbro, P., & Barber, J. (2008). The psychosocial functioning and family background of children experiencing significant placement instability in Australian out-of-home care. *Children and Youth Services Review*, *30*(8), 847–860. http://doi.org/10.1016/j.childyouth.2007.12.012

[6] Winokur, M. A., Holtan, A., & Batchelder, K. E. (2015). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice*. *e*First, http://doi.org/10.1177/1049731515620843

Delfabbro, P., Fernandez, E., McCormick, J., & Ketter, L. (2013). Reunification in a complete entry cohort: A longitudinal study of children entering out-of-home care in Tasmania, Australia. *Children and Youth Services Review*, *35*(9), 1592–1600. http://doi.org/10.1016/j.childyouth.2013.06.012

[7] Australian Institute of Health and Welfare (AIHW). (2014). *Child protection Australia 2014-15*. Canberra: AIHW Retrieved from https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2014-15/contents/table-of-contents

[8] Winokur, M. A., Holtan, A., & Batchelder, K. E. (2015). Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice*. *e*First, http://doi.org/10.1177/1049731515620843

[9] Harries, M. (2008). *The experiences of parents and families of children and young people in care*. A social research project undertaken by Anglicare WA, on behalf of Family Inclusion Network WA and funded by a Lotterywest Social Research Grant.

- the problematic relationships between parents and child protection workers.

Ross, Cocks, Johnston & Stoker's 2017 study of parents, who had had children taken into care in the Newcastle area of New South Wales likewise highlighted the traumatising impact of child-removal experiences on both parents and children and the profound sense of grief and loss that it engendered. The parents in that study remained strongly focused on their children, 'wanted to continue their parenting role', worried about their child(ren)'s health and wellbeing while in care and were distressed by the 'lack of ongoing information' about their children in care. That report concluded that 'the service system needed to 'build more respectful professional relationships and a family inclusive approach'. [10] As that study appeared to lack any indigenous participants, it is not surprising that it had little to offer regarding indigenous perspectives or the need for services specifically targetting indigenous persons.

The current research project was designed to deliver information from a Western Australian perspective and provide recommendations for service development.

[10] Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). '*No voice, no opinion, nothing': Parent experiences when children are removed and placed in care*. Research report. Newcastle, NSW, University of Newcastle.

3. Research design and process

This research was a mixed methods study – although predominantly qualitative to attempt to access the thoughts and feelings of study participants around their experiences of reunification. As with the studies by Lincoln and Guba (1986) and Latif, Boardman and Pollock (2013) [11], a primary responsibility of the research team was to safeguard participants and their data through ways of drawing together or "synthesizing" research findings to represent, as faithfully as possible, the meaning that participants ascribe to their life experiences thus allowing "the story" of the participants to be distilled, summarised, and told in a manner, that is both respectful to those participants and meaningful to readers.

This collaborative research project, therefore, was designed to provide the industry research partner, the Commissioner for Children and Young People, with insights into the enablers and barriers to child(ren) reunification.

3.1 Research aim and questions

The research aimed to identify factors influencing the reunification of children with their substance-using parents subsequent to their placement in out-of-home care.
The research questions were:

- What factors influence successful reunification from a parent's perspective?
- What factors inhibit successful reunification from a parent's perspective?

Ethics approval

The study was approved by the Edith Cowan University Human Research Ethics Committee and assigned the reference number 16507.

Interview questions

Following multiple reference group member consultations, interview guides were developed to collect both demographic and qualitative data around questions that the reference group, as gatekeepers of the research, deemed important. This involved considerable negotiation in meeting both the theoretical robustness of the methodology, the industry partner's needs and the impact questions may have on participants. The interview schedules were adapted to reach:

- parents who had successfully reunified, and
- parents who were at the time of the research going through the

[11] Lincoln, Y. S., & Guba, E. (1985). *Naturalistic inquiry*. Thousand Oaks (CA): SAGE Publications.
Latif, A., Boardman, H., & Pollock, K. (2013). A qualitative study exploring the impact and consequence of the medicines use review service on pharmacy support-staff. *Pharmacy Practice*, *11*(2), 118–24.

reunification process.

Interview schedules included some questions about the interviewees' age, cultural backgrounds, education levels, employment, living arrangements, postcodes, age at the time of their first child's birth, time period when the children were in care, participant's age when their child(ren) were placed in care.

Three research assistants, approved by the reference group due to their counselling skills and tacit knowledge of the substance use context were trained in conducting the research, with an understanding, that the interview questions provided a guideline only, and the main purpose was to glean from participants, issues that were important to them. In line with the in-depth interviewing guidelines developed by Minichello et al (1990)[12], interviewers were required to let participants (the experiential experts related to reunification) take the lead in interviews as they recounted their experiences relating to reunification.

3.2 Data collection

Sensitive issues and parent support:

The research team wanted to make sure parents were in a safe environment and had access to counselling if the interview raised issues for them that required follow-up. Fourteen interviews were conducted across four separate locations in facilities, which provided support services relating to alcohol and substance use. One interview was conducted by phone, while another interview was conducted in a public park at the request of the participant. Information on follow-up support services was made available in written form to all participants.

After gaining participants' informed consent to the interview, interviewers were asked to:

- digitally record interviews,
- use the interview schedule to guide discussions around reunification experiences,
- return the consent form and the completed set of demographic information form by post, and
- email the sound file recording the interview to a dedicated transcriber.

Verbatim transcriptions of recorded interviews were sent digitally to two members

[12] Minichiello, V., Aroni, R., Timewell, E., & Alexander, L. (1990). *In-depth interviewing: Researching people*. Melbourne: Lincoln School of Health.

of the research team.

3.3 Recruitment

Participation was invited from parents, who:

- had a history of alcohol and other substance use,
- had a child removed from their care in the past five years,
- were undergoing or had undergone substance-use rehabilitation, and
- had a desire to or had successfully reunified with their child(ren).

The research team was aware that parents seeking reunification with their children could be difficult to reach and that did indeed prove the case for this project. To reach as many participants as possible, the research leader visited a range of support services likely to have clients who met the inclusion criteria to discuss the research aims with managers and caseworkers. Additionally, a flyer was provided with information about the research both in written and digital forms with contact details of the lead researchers. Having involved key leaders of organisations in the substance use industry in the reference group to help scope the aims and intended outcomes of the research was significant in gaining support to recruit participants. An honorarium of a $40 food voucher was given in recognition of participants' time and contribution.

Potential participants were asked to contact the research team directly or via their caseworker. In one instance, a recruited participant recommended another participant who at the time of the study was at risk of losing her children and was liaising with the Department for Child Protection and Family Support (the Department) to plan an intervention strategy.

3.4 Participation

The initial qualitative research design had a target of 30 participant interviews. Due to the sensitive nature of the research, the health and lifestyle challenges presenting to the target group, a total of 16 in-depth interviews were conducted with mothers between May and September 2017. Interviews were directed towards understanding participants' experiences expressed in their own words and active listening allowed mothers to communicate their feelings and emphasise the key enablers and barriers to reunification. Relating to informants as people and not only sources of data through careful selection of interviewers helped minimise any

adverse effects of the process.[13]

Despite the reduced number of interviews, rich data was collected and provided significant insight into common experiences during the reunification process, the issues faced by parents and their perceptions of how they could have been and could be better supported.

3.5 Analysis

Demographic data proved difficult to analyse due to the complex foster, family and parent reunification arrangements of this group, especially when siblings had different care arrangements. It became clear that separating participants into two groups of mothers who had successfully reunified and those in the process of reunification had little relevance to the outcomes of the study. Some participants had multiple care and reunification arrangements and the relevance of reporting on these was considered less significant than providing the overall major issues arising from interviews. Basic data on age of mothers, number and ages of children, ethnicity, education, and employment were, therefore, considered sufficient to provide contextual information.

In keeping with the qualitative approach, consistent statements arising from the interviews around reunification experiences supported by multiple participants and which addressed the research questions, were highlighted, compared and contrasted to identify major issues. Statements were clustered into categories and further synthesized into major themes. Data codes were assigned to participants and their statements ensuring that a transparent audit trail was available to illustrate the rigour of the analysis. During regular discussions emerging themes were shared by members of the research team. Conclusions drawn were supported by verbatim quotations from participants.

Due to the richness of the data and the important issues raised by mothers, the lead researcher chose to provide a highly detailed industry report on the multiple barriers presented to mothers, so that their concerns could be fully presented. It was important to the research team that the report was not diluted, therefore, a considerable amount of raw data is available to illustrate issues thus ensuring these mothers' voices are heard.

[13] Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research: A guidebook and resource* (3rd ed). New York: John Wiley.

3.6 Limitations

The main limitation of the study was the short timeframe allowed for completion and difficulties with recruitment. In addition, since participants were sourced from current service organisations, they were parents who were making or had made attempts to manage their substance use and who were motivated to regain care for their child(ren). The study did not involve parents who had attempted to reunify and failed.

As only women volunteered to participate, this study draws only on mothers' experiences and voices. All the women were clients of service organisations, which were mostly tailored to women. Father reunification is an area that requires future research.

Another limitation was the lack of parent representation on the reference group due to time factors. This limitation was mitigated to some extent by the inclusion of Fin WA on the project's reference group as Fin WA is the only state organisation funded to provide advocacy and support services to parents and families who have had their children placed in care.

4. About these mothers

The interview process elicited information about the mothers and their children at the time of the interview, about their past lives and about their ambitions for the future.

4.1 At time of interview

All the interviewees were mothers and most functioned as sole parents. The table below summarises key data about the 16 mothers participating in this study at the time of their interview.

Key data	Information from mothers
Age of mothers	Ranged from 22-45 years of age
Ethnicity	8 Aboriginal mothers and 8 Caucasian mothers
Number of children per mother	Ranged from 1 child to 6 children There were 45 children associated with these mothers
Ages of children	Ranged from less than 1 year to 27 years of age 41 of the children were aged 18 or younger.
Reunified or in process of reunification	The mother-child situations spanned a wide spectrum: • adult child(ren), child(ren) in family care, plus child(ren) with mother • adult child(ren), child(ren) in family care, plus child(ren) in foster care in the process of reunification • child(ren) in family care plus child(ren) returned • child(ren) in family care in process of reunification • child(ren) in family care plus child(ren) in foster care in process of reunification • child(ren) in foster care in process of reunification • child(ren) in process of reunification and returned • no child(ren) removed despite threats of removal on numerous occasions

Mothers stated that the period their children had spent in care ranged from less than one year to sixteen years. Sixteen children had been in care for two years or less, twenty-seven children had been in care for five years or less.

Living and employment arrangements for children and their mothers

At the time of the interview, these mothers were either undergoing rehabilitation, living in their own homes or with relatives. Some of the mothers had children living independently, others had children with foster carers and others with relatives or friends. Fourteen children were living with their mothers, some at Saranna (6 mothers), in HomesWest homes (4 mothers) or private rentals (2 mothers). The mothers in Saranna were expecting to have accommodation arranged for them and to move into HomesWest homes. Only one mother had part-time employment.

Mothers' motivations

All mothers were strongly motivated to participate in the study. One important motivating factor was the importance of telling their life-story and having it heard:

> *Do you know what the saddest thing about doing all that rehab was that I still don't feel like I've had my story told like properly and for someone to actually give me the time of day to sit down and be emotional … for anyone to give me the time of day to hear about my full story is huge.*
>
> *This is good. I'm so glad that I am able to share these things.*

Another motivating factor was the desire to contribute to change for the better for other people in their situation:

> *I really want to do this interview, because things need to change big time. I don't want anyone else to go through what I've gone through, the extra dramas. It's traumatic, I've been dealing with so much and the extra unnecessary things on top of it. I don't want anyone else to have to suffer like that.*
>
> *If we can make things even slightly better, not just for the mums, but for the kids, for the whole community, because look at the way society is going you know.*
>
> *I'm hoping that by doing this study, you can get support for people.*

4.2 Looking back

During their interviews, the mothers looked back over their lives and recounted a range of adverse life experiences. They also commented on their limited opportunities to develop good parenting skills, their cultural backgrounds and family circumstances.

Adverse life experiences

Mothers reported having experienced a range of adverse life experiences in addition to having child(ren) removed from their care, predominately alcohol and substance use. Other experiences included domestic violence in their childhood or adult life, the difficulties they had experienced as a foster child and being sexually abused as a child or as an adult. While some of these experiences predated their child(ren) being taken into care, some were concurrent with having their child(ren) in care.

Little chance to develop good parenting skills

Several mothers commented that their own childhoods had given them little chance to develop parenting skills or have contact with good parenting role models or other positive role models. Many of them had little experience of a 'Circle of Security' in their childhoods or adult lives.

A safe house would have boundaries, have stability, family support – role models. Something that I probably didn't have enough of when I was a kid. And to have two happy parents.

Another mother acknowledged:

A lot of us don't even know how to parent. When you start using drugs that's where your brain stops you know… and you stop maturing and often the children are already parenting the adults.

Concerns specific to Aboriginal mothers

Aboriginal mothers reported experiences of childhood and institutional racism and awareness of the multiple adverse experiences encountered by many Aboriginal people now and in previous generations.

Because, because of family and the way culture is and the fact that for an indigenous person, if you take five adults in one hand, two have been in jail, two will be drug addicts, you'll be lucky if one of them [is clean] and that one will probably be an elder, who's been through massive, massive trauma.

There were concerns that current child protection practices can replicate the Stolen Generation and its intergenerational trauma.

It is like an ongoing thing then, being like the Stolen Generation. My aunty was from the Stolen Generation. She looked after me and I went back to her on and off. Now it has happened to me, it's happened to my cousins, my mum had her kids taken off her.

Limited support from family and friends

As noted earlier, many of the mothers had little experience of a 'Circle of Security' in their childhoods or adult lives. Some were actively trying to avoid friends and family linked to their past substance use or other abusive incidents. Others had been rejected by their extended family or had exhausted their family's capacity to provide support:

I don't have a mother. My mum gave me away when I was little and the lady who raised me – we don't really get on.

My mum and I sometimes have a toxic relationship. She's kind of co-dependent, I've found. She kind of keeps me sick or keeps me lower than her to make her feel better.

I don't have family support and I don't have any friends that are real friends. They are all using, part of that environment. Because my family are all addicts as well, I don't have any support from them. They try to support me, but they can't, because they are all addicts and I can't be around them.

Sometimes I have choices, but who do I talk to for advice? Do I go to family? I know the family have treated me badly and I don't trust them or respect them.

Some mothers had the unhappy experience of being taken to court by family members:

I was involved with the Family Court over an 11-year period with my mother, in and out of the courts.

Because the in-laws have constantly tried through legal channels [to take son] and I had to go to court as well for a custody agreement between myself and the in-laws, and a custody agreement about [partner name] as well. They consistently tried to take [son's name] away from me and I've been the only stable parent he's had in his life.

Some of the mothers had children living with friends or relatives such as the child's or mother's aunt or the child's grandparents. Others had supportive siblings, parents, child(ren), friends or other supportive relatives.

Now that I've got the support of three family members and a friend, who's become family as well, with them supporting me, I'm held accountable for everything I do. It's really good... I finally have a bit of support from people, who aren't community services, so I do have a hope that it's going to work this time for me... I need to keep my support network, keep in contact with everybody, so they know what I'm doing and they don't give up on me, because I've done that – isolated myself and cut everyone off.

Some mothers showed insight into what would constitute a safe environment for their child(ren) and the crucial role that family, friends and community played.

I lived with my mother for years, because I knew there would be times when I could not be a functioning adult. A safe home – it doesn't have to be clean, it doesn't have to be tidy, it doesn't have to be fenced off or unbroken windows. It just has to have an aware adult. Or an aware person.

Friends who had gone through rehab or had child taken into care were valued supports.

I've got a few services and that's because of my support person, who I met at the rehab. I've got one strong person from the rehab, who I did meet in the rehab …and we've become close friends. She looks after me heaps, like a sister. She's awesome, she's helping me out... She's an awesome advocate and she's pushing …when I want to give up, she's right there pushing me on to the next agency. She is awesome.

In one case, relatives began to develop a better understanding of addictions and the challenges of overcoming them.

They've gone from 'she's using again and she doesn't care', to where they can see that I'm trying and sometimes I fall, but I get back up and I'm trying. They can see it now and I think they feel a bit bad, that they've gone 'oh my God, she doesn't care'. They are finally understanding about addiction and the process.

Education levels

The mothers' education levels ranged from Year 8 to university. Eight of the women had ten years or less of formal education. Four had studied at TAFE.

Other forms of education and training that the mothers saw as significant included getting a learner's permit for a driver's license, doing parenting courses (such as Circle of Security, the Maggie Dent courses or Ngala courses), undertaking rehab, attending Narcotics Anonymous, undertaking counselling, and learning about emotional management from an anger management course.

Age at the time of their first child's birth,

Mothers' ages at the time of their first child's birth ranged from 16 (four mothers) to 26. Eleven of the mothers were aged 21 or younger at the time of their first child's birth. One mother commented that her chronological age at the time of her first child's birth was a poor indicator of her maturity:

I think where my problem was, I hear people having kids really young, but I was really immature. When I gave birth to my son at 20, in my head I was still 15. I was just too young. Even now I'm young, but I think I'm a bit more capable. I started on drugs when I was 14 or 15, so my maturity stopped growing at that age, so to have a baby at 20, when I was immature anyway, and my poor child, I really dragged him through some stuff. I didn't know any better. I'm not excusing it, but I just can't believe that I put him through anything that I did. If I have more children, he'll be like the poor test child that had to go through it all.

Mothers' age when their child/children were placed in care.

All mothers were adults when they first had a child taken into care. The mothers stated ages at the time their children were taken into care ranged from 21 to 36. Nine mothers stated they were under 30 years of age at the time their children were taken into care.

Relating substance use to parenting issues

One mother believed difficulties managing her children and a lack of support triggered her substance use.

I definitely think it was a lack of support out there, not being able to manage my kids. I realise now that as much as I wanted to run away from my life and my kids, I couldn't, so the next best thing was being there, but not being present in my mind because I was using drugs to numb the fact that I can't deal with my kids.

Addiction for me was because I couldn't manage my kids. I needed to escape from the reality of being a parent. So as long as I can manage my kids, then I don't need to use drugs.

Another mother credited her child as the reason for her recovery from drug use.

If I didn't have a child, I'd still be lost in that [drug] world. I'm really blessed that I do have him in my life. It makes me sad, but now having experienced recovery because of my child, if I would have experienced this sober, I would have wanted the same thing, but I would never have let myself experience recovery. I wouldn't have even tried, if I didn't have a child. I wouldn't have known, but now that I know, this is what I want.

Another mother believed she could continue to be a satisfactory parent while using drugs.

I don't drink alcohol. I think that is the worst drug ever. But I use heroin and speed and that doesn't make me a bad parent. Unless of course my children are neglected and they're not…. my kids have caught me shooting up. They know that I do it and they know that I'm struggling and will always struggle with my addiction.

Employment and finances

While few women made few direct references to poverty, it was abundantly clear that that money and preferably a stable and sufficient income could have solved or prevented many of the problems that the women recounted regarding homelessness, travel expenses, childcare and trying to juggle the demands of reunification with rehabilitation, paid work or the New Start allowance and its job search requirements.

They [the Department] want me to pay for the courses and all those sorts of things, which you can't on my wage.

I don't buy food at all. If I'm lucky I spend $30 a month on food at Foodbank. Now that the overnight has begun, they're supporting me by $37.50 a week.

One mother in a stable partnership commented:

They say were not financial enough. We are not rich, but I wouldn't say we are poor. We don't have a lot of money, but we do really well on what we have.

4.3 Looking forward

The mothers' ongoing commitment to their child(ren) was evident in the interviews and especially in the way the mothers spoke of their futures. Reunification with children gave several mothers a strong incentive to end their substance use. The processes of rehabilitation and attempting reunification with children had even led some mothers to find new strengths within themselves and to develop ambitions

that that looked wider than the reunification with their children to community-focused activities.

Mothers' ongoing commitment to their children

During the long period of dealing with the Department and other agencies relating to the care of their children, this group of mothers had remained committed to their children. Some had considered their options and consciously decided they wanted to keep on being a mother to their children, whatever the difficulties.

> *I have a choice. I could just leave him there and get on with my life. I wonder sometimes, am I being fair on [son in care] … I'll do anything for my child. I'll go every day of the week – rain, hail or snow if that's what they expect of me. If I could have that today, that's what I'd do. To take myself over there and drain all my energy and leave all the love with him.*
>
> *Even though I was so messed up, I still kept fighting for them. I went and got a lawyer and I fought for my [removed] son.*
>
> *That's my kids and I'll fight, however long it takes … I'm determined to get her back… when my kids are on the line.*
>
> *I lost all hope and thought – 18 order down, I can't do anything about it. Then I picked myself back up and got myself clean. I just got clean off my own back and started going to NA, got a sponsor and really wanted my child back in my life.*
>
> *If I had the Department come into my world today, I would go and get another one [Naltrexone implant] … because it's the biggest show of determination of you know… I'm willing to have something implanted into my body to prove to you that I will do whatever it takes to keep my child with me.*

Perceived threats to the safety of children in care motivated two mothers.

> *I'm working my arse off to get them back, because I don't want them being in that situation.*
>
> *When I found out what was happening [child abuse], I stood up straight away. They were going to take the baby from me, but they didn't because I got my shit together.*

In one case, a mother's commitment to her children led her to decide to leave them in care.

> *I made that decision with my children. It wasn't a decision made by the judge. That's what they needed. They didn't need to be uprooted again. Unfortunately for me, my children haven't been reunified. I spoke with my children and I told them that they've been in care for three years. The Department have closed any reunification with the stability they've got now*

and we all made the decision that it's best that they stay in care, where they are, so they can stay at school. I don't want my kids to be under-achieving.

Potential reunification with children was seen as a motivation to overcome substance use by several mothers:

I don't want to ever use again… I want to be the best parent I can for my kids and I want the best for my kids… We [she and partner] have spoken about it and I've told him, if I'm not using, you're not using. This is for our kids. If he uses, I'm not going to be around. I will tell him 'don't use, because it is not appropriate to use, because it is for our kids. I know he is going to change, because I've changed and I'm the role model, so we are going to be role models together for our kids and be together as a family. I know it is going to work.

I'd rather have my kids over any drug in the world, so if you've got the love for your kids, you'll do anything for them. If it was between drugs and my kids, my kids are stronger than drugs. Addiction is a strong thing, but nothing is stronger than the love of your kids.

Another mother was less confident about her ability to overcome addiction and achieve her desired reunification with her children:

My heart has always yearned to be with my children, but the drug addiction is hard.

Mothers' determination and growth

Some mothers reported growing in resilience in response to the difficult dealings with the Department and courts regarding reunification with children taken into care:

I was out to show [the Department] that… you know what … you will keep piss testing me until I tell you to stop, because the way you're doing shit ain't right.

I just feel that I'm not going to bow down to no one. I'm determined. I'm not going to let them walk all over me. I've been through so much…I feel that I have the knowledge to be a lawyer myself through what I've experienced on my own. I feel that I've got experience, because I've been to court on my own. I feel that I know what is right and what is wrong … I worked through the whole court process myself.

I told them 'don't treat me like I'm a dumb Aboriginal', because at the end of the day I will win. I always kept that in my mind and I beat him [Department case-worker]. They don't like to be beaten. I'm not going to allow him to chastise me and think that he knows me, when he's just looking at pieces of paper. Everybody knows that I used to be the best mother to my children.

I've gone and stood up for myself and represented myself in front of the Children's Court judge, saying 'I've stopped smoking, I'm at my mum's, I'm on the waiting list to come in to treatment, I'm expressing my milk every 2 hours'.

One mother had become an advocate for other mothers dealing with the Department and a carer for children that the Department might otherwise have taken into care.

I've also been an advocate for two women who've had their children taken from them. The first lady that I helped followed some of what I thought she should do, because it was the first time I did it – but didn't follow through on the rest of it. The second lady that I helped had her kids back within a week. It's been for friends or associates that I've met through my drug use. I don't consider them friends, but there's that camaraderie and I've been willing to help, because I have managed to keep [the Department] out of my life.

I've cared for quite a few kids, who have almost gone into [the Department's] system, but because I've taken them in to my house, we've managed to miss that and they haven't become a part of the system.

Mothers' ambitions

The mothers' stated ambitions can be categorised as self-focused, family-focused, or community-focused. Several wanted to draw on the knowledge they had gained from their own cultural backgrounds and adverse experiences to serve as role models and advocates.

Focus	What mothers said
Self	*I've come from a bad place and now I want to be somewhere good.* *I want to be healthy.* *I plan on getting myself fit and healthy again, because when you go to rehab, you put on a lot of weight, so I'm joining a women's fitness program and that will keep me busy.* *Getting paid work.*
Family	*I plan on doing as many parenting courses as I can.* *All I wanted was to be a mum. I've known that I was a mum since I was 15 years old.* *I want to be the best parent I can for my kids and I want the best for my kids.* *I just want better for my kids. I want them to have what I never had.* *it's horrible that my kids have been through all this and they've been separated from me and they've been through trauma seeing me using drugs and alcohol, but I'm just thinking if I can help change this now, then my sister's children won't have to see all this. I've found these support services now, so I can help my sister straight away to get connected with these support networks, so that she doesn't lose them [sister's children]. That's three less traumatised kids and one less traumatised woman.*
Community	*My goal – to work for [the Department]. I think you really need to want to be in that job.* *I want to be a role model, I want to be an Aboriginal social worker for Aboriginal corrective services juveniles – I want to help other people in my situation. I've experienced it, I know and somehow I want to get out there.* *Going to the women's prison to speak to the ladies that really want an indigenous person*

5. Key service providers (other than the Department)

Mothers reported dealing with a wide range of service providers (including

government agencies and non-government organisations), from agencies focused on child welfare matters, and advocacy and rehabilitation to health and housing. In some cases, relationships with specific service providers had endured for decades.

The service providers (other than the Department of Child Protection and Family Support) mentioned by more than one mother were NA (Narcotics Anonymous), HomesWest, Fin WA, Cyrenian House, Mixed Gender Rehabilitation, Saranna, Serenity Lodge, Next Step, Women's Health and Family Services, WANDAS clinic, UnitingCare West and women's refuges. Other agencies mentioned by mothers included DAYS, Daydawn, Domestic Violence Advisory Service, Esther House, Family Relationships, Holyoake, Mission Australia, Ngala, Parkerville, PEPISU, Relationships Australia, Safe at Home, S.O.U.L Care, Strong Families and Teen Challenge.

The number of agencies mentioned highlights the complexity of the support ecosystem that the women were negotiating. Understandably, they valued personal referrals, access to brochures introducing agencies and their services far more highly than being left to search online for support services, especially in times of crisis. There was no one-stop shop or phone support line that they could turn to for advice, support or respite.

5.1 Service relationships with these agencies

Where caseworkers showed empathy and understanding of the mothers' issues, provided mentorship and support, outcomes for mother and child(ren) were more likely to be positive. Such examples were consistently voiced by mothers regarding government, non-government and voluntary organisations with specific knowledge and skills to help and support mothers overcome their health issues and assist them with developing bonds with their child, effective parenting, general life-skills and social integration. Predictably, services (which women see as contributing to their education, and their capacity to advocate and care for themselves and their children) are generally viewed more positively than the Department (which has the ability to remove their children and impose conditions and timeframes on mothers' reunification with their children).

Cyrenian House and its programs provided a welcoming, supportive environment.

> *When I walk through that door [name] knows me, I feel great about it all the staff know me.*
>
> *I love Cyrenian House. Most of the counsellors are ex-drug users. So you've got that connection. They've got a deep understanding of what it is like. I say 'I f…..up' and they say 'I know'. Hearing it from someone who is 20 and just come out with a counselling degree, that doesn't work.*

Mixed Gender was good. The day I came to rehab, I felt safe. It was so much better than out there. Just being clean and everything, because that was the whole point of me using gear, because I just had to stay awake to protect myself. That's why I'm glad, because I don't have to have it anymore. I was happy to walk away from it.

This place [Saranna] is amazing. I'm so blessed to be here. There are 13 houses and it is the only place in WA, that we can do that and have our kids with us. I'm so blessed to have a position here. It is amazing how much information they've got and what they've put together with what they've dealt with in addicts. It works on behaviour, it works on everything – like thought patterns. Everything is linked and it is amazing, that I don't even think about drugs anymore, because I'm too busy thinking about all my defects in my behavior, because those are the things I can change.

I think that the thing that Saranna did give back to me, was a bit more, gave me tools to realise that only I have the power to do anything about my life.

I'm very with [supportive of] Saranna. If it wasn't for Saranna, I don't know how I would ever go reunifying with my kids.

The positive feedback on Saranna is not surprising as many of the mothers were living with their children at Saranna at the time of the interview. Sadly, no other residential rehab program allowed mothers to keep their children with them.

Mothers criticised the refusal of rehabilitation programs to take in people who smoked tobacco. A parent's tobacco addiction, was after all unlikely to be seen as grounds to take a child into care, yet a tobacco habit was likely to prevent a parent getting treatment for other addictions, that were seen as grounds to take a child into care.

It's a crying shame the amount of people who lose their spot in rehab because they can't stop smoking. Because it takes 50% of people out of rehab and there'd be a whole another 25% of people that it sets up for lying.

I smoked all through f… rehab, but it meant that I had to lie about it all through rehab So here I am trying to be honest and be my authentic self and you know what I f… smoked every night mate, in my bathroom on my own. The other women didn't know about it, that's how come I didn't get caught and thrown out.

Narcotics Anonymous meetings were highly valued and recommended by mothers, even although they acknowledged that some members were still using substances.

I know where all the NA meetings are and when I'm feeling vulnerable I can walk in there … and there's 10 people that have been to rehab with that all connect and have known me for at least a year and a half, you know… It is almost a sense of family.

If you do stuff [like] going to NA meetings and you get a sponsor and you work in a program that will carry a lot of weight getting your kids reunified.

I'm going to need to have a strong support network, that's through NA. There are people at NA still using, but the fact that they're there is a positive thing. No one goes to NA, if you don't want to stop. If you're using and you're there, people know you are there to get better and they open their arms. If you are there and you don't want to stop, you'll be quickly pushed out the door. People won't stand for it. They are like a family there. They have each other's backs. No one will go there using to take the piss and get away with it.

When I get out there it's [meth] still going to be out there. I'm just going to stick to the NA meetings, because all the support is there and I've got a sponsor, who I can ring. If I feel like picking up, I'll ring her and she can talk me out of it or meet up with me.

Fin WA's advocacy services were highly valued.

Yep, they'll advocate for any of the family with [the Department], so they'll go, and that's what I've always learned is any meeting I have with [the Department], I want an advocate with me, not a worker.

I had a Fin WA worker and they came and talked to [the Department] with me, because I felt that [the Department] wouldn't listen.

Mission Australia also provided valued advocacy services.

Yep and I have a Mission Australia person. She does the drug and alcohol housing program. She's going to be with me for the next year. She's been with me since I moved in here.

Waiting lists

Waiting list were a concern:

The waiting lists for Cyrenian are not so bad and it really is a good program, like it just, it fits you in.

I applied for rehab. I tried to get into Saranna. I got told that the wait list was so long... nothing came available for the Saranna programs, so I went into Mixed Gender.

5.2 Interagency collaboration

Given the range of relevant agencies, it is not surprising that mothers valued co-ordination between the agencies.

The one that sorted most of these things out and made the calls and the run-arounds for me and that was the WANDAS clinic at KEMH. They are the Women and Newborn Drug and Alcohol Service. They are the ones that found the rehab service for me.

Rehabilitation helped build and strengthen support networks:

> *I had my support network while I was in rehab, besides a [Uniting]Care West house program.*

Some agencies worked in close collaboration with the Department.

> *That's done through CAMHS [Child and Adolescent Mental Health Service] and Best Beginnings. They facilitate a contact centre and they work together with the Department. It is an 8-week group, so once a week you go in from 9am to 2pm. You get there in the morning, have a coffee and chat to everyone, talk about your week, ask others how they are going, then sit down at 9.30 and watch a video about Circle of Security – you are the hands, the secure base for your child.*

6. Relationship issues with the Department

All the mothers in this study had dealings with the Department over time periods ranging from months to nearly two decades and in several cases for longer than the duration of the mother's formal education. Interviews with mothers were dominated by the quality of the interpersonal relationships with the Department, especially during the apprehension process.

6.1 Positive experiences regarding the Department

Three mothers were grateful for the involvement of the Department in general or in specific instances.

> *I don't want to ever use again. I'm glad that [the Department] did get in my life, when they did. If they didn't, I'd still be walking around like out there with my kids and drugs, and I'm actually glad that it has changed me. It's a wake-up call to reality and I want to be the best parent I can for my kids and I want the best for my kids.*

> *I think [the Department] have their place. I'm happy they had their place in my life, because without them, I probably would not be off the drugs and my child could possibly be dead, because it was just crazy.*

One mother, who has successfully reunified, only recognised the value of the Department's intervention in retrospect once her addiction was managed. She reflects:

> *It [the Department's role] started to make sense to me, when I stopped doing the things, that were affecting my life, where I was unsure why they were in my life all the time, until I stopped doing drugs and alcohol and started to think with a clear conscience I realised 'OK, that's what they're doing it for, because they are worried about the child's welfare.*

In one case, the Department vigorously defended a mother's right to continue parenting her children:

> *Luckily, [the Department's] worker was onside with me. All they [in-laws] wanted was their grandson. They didn't care about [one son] at all ... [the Department's] worker turned to the in-laws and said 'no, we are not taking [child] away from [parent]. She is getting all the help that she can and is doing a perfectly fine job as a parent.*

One mother saw other benefits in dealing with the Department:

> *The beauty of having [the Department] in your life is that they will pay for those sort of things [Circle of Security course], so that's one advantage of [the Department].*

Early intervention

When caseworkers were flexible and entered a partnership with mothers from the

outset by offering continued unification as an alternative to apprehension, positive outcomes are possible. A mother describes how she was given a chance to continue parenting and support that she had from her caseworker in finding safe accommodation for her and her children. The Department's intervention in this case acted as a wake-up call alerting the mother to the seriousness of her situation and the risk of apprehension. Follow-through action and liaison with a live-in rehabilitation program resulted in positive outcomes:

> *They [the Department] came with the police to take my daughters. I calmly got them ready. I was crying. I knew what I was doing wrong and how I was living. I wasn't going to fight them. They decided not to take them. The Department helped me 100%. I have nothing bad to say about them. They got me into a caravan park with my daughters and then into a shelter for domestic violence. I continued to do UA[14] for them twice a week and got clean. I got clean not long after they came to take my girls off me. They helped me every step of the way. I just didn't want to lose my girls. That was my rock bottom – having the police and [the Department] come to take them off me and that's when I turned around. I still used a couple of times after that, but I was open with [the Department] and they really helped me every step of the way. They got me into this program.*

6.2 Negative experiences regarding the Department

The mothers described examples of how relationships between this government department and themselves added and heightened barriers to successful reunification.

Lack of early intervention

Some of the mothers would have liked earlier and more helpful interactions with the Department that might have avoided any need for their children to be taken into care. Two mothers spoke of reaching the limit of their resources, knowing they desperately needed help, but not knowing what help might be available:

> *I kept reaching out. I went to the hospital, I called [the Department], I spoke to my family – I told them that I couldn't cope and didn't know how to manage my kids, and no one would help me. I found myself using more drugs.*

> *We sought help from [the Department], but I didn't receive any help. I was 18 and I became an alcoholic and a drug addict. My sisters pretty much saw it all, everything that I was doing and they also became alcoholics and drug addicts at 13 & 15 years old, because I didn't know how to be a parent. I didn't know what to do.*

[14] Urine analysis

They didn't call me back [when I called them for help], but ended up just coming with about 3 carloads of police, to my dad's and taking my son, who was ten days old. That's when my son was taken.

A mother expresses what would have helped at the start:

At the very start, they [parent] just need love and compassion and they need someone to make them feel they are not alone and they can do this… they need to be heard.

Circumstances of child being taken into care

Mothers had strong and painful memories of the circumstances under which their children were taken into care. For some mothers, the apprehension had come as a complete surprise, others had a sense of being tricked or ambushed.

Two mothers described their traumatic experience of having a child removed shortly after birth.

They apprehended her at six days old. I had to leave her in the hospital. I ended up going into labour early, [the Department] got involved really late. I was 26 weeks, but normally it's from the get go that they get involved, and you get a certain amount of signs of safety meetings to start setting yourself up or getting a plan in place in terms of being able to keep her.

I had fallen pregnant and five days after birth they had taken her. They didn't ask me to do anything during the time, and didn't ask my partner to do anything. It was just on their mind, they were taking the baby.

Another mother lamented the lost opportunity to breastfeed her daughter even by expressing breast milk to be given to her daughter whilst she had returned home and her daughter was in care in Perth.

The other thing that really hurt me when… they took [daughter] was that I was breastfeeding for six weeks and then when I stayed up here and she stayed down there, because I was allowed to go back. I was expressing my breast milk and they wouldn't send it. They said it was too expensive.

Mothers also recounted Instances where they felt ambushed, when the Department unexpectedly took their children into care.

At seven months, I delivered a stillborn and I was drinking alcohol and it was education neglect. I wasn't taking my kids to school and I was letting them stay home. I went to [the Department] for help and what they called abandoning, I called seeking help.

I was called to the office. I thought I was going in for a meeting and they apprehended my son then. That was horrible. It is devastating. It is really heart breaking.

> *They kind of lured me to the office and that's when they took [daughter] off me, right then.*

In one case, the Department responded to a concern about the safety of one child by taking other children into care without offering any explanation for doing this.

> *My son was going through a phase of banging his head. I went to the hospital, I tried to get help for him, but no one understood why my son was banging his head. When [the Department] saw it, they took my kids that day, because they said that my son was at risk of hurting himself. That was the reason they removed him from my care. They took all three then, but I had tried to get help for that. I didn't know why he was hurting himself. They just took my kids from me.*

In another case, the stated reason for taking a child into care was failure to meet an arbitrary standard of community support, that the mother had been given no assistance in achieving.

> *That's the reason my son was taken back into care. Because I didn't have any family support, I needed community support and I didn't know where to get it.*

Adversarial relationships

The apprehension process highlights the power differential between the Department and the parents of children taken into care. It also marks the beginning (or at least a significant phase) of an adversarial relationship that both the Department's staff and the mothers describe as a fight or a battle, a battle in which the adversaries are **not** evenly matched. The Department has the power to remove children and manages the process by which they are returned. It is not a level playing field, but a rugged one, where the Department can shift the goalposts and where the Department often appears to show little respect for its adversaries.

Analysis of the interviews reveals multiple examples of lack of empathy, disregard for rights and in some cases serious consequences for mothers at a time when they are struggling with their addiction and traumatised by the removal of their child(ren). The feeling of powerlessness continues through the process of reunification as mothers try and sometimes fail to meet reunification requirements as set down by the Department.

Barriers to collaborative reunification planning are highly evident throughout interviews as mothers describe the difficulties of establishing relationships, which allow their views to be considered.

Lack of concern for impact of child removal on parents

The trauma of having a child removed is exacerbated when the interaction with the responsible government department is insensitive to the support needs of the

mother. Even in those cases, where the parent's substance use provided grounds for taking a child into care, the Department appeared to show little understanding or concern that removal of the children might exacerbate the parent's substance use or damage their mental health to the point of triggering suicidal urges. Any such blatant disregard for the state of mind and wellbeing of mothers, who have used alcohol and other substances as a coping mechanism, increases their vulnerability to a downward spiral of substance use. While later impeding the mothers' ability to meet reunification requirements, alcohol and other substances can 'take the edge' from the grief that lonely and unsupported parents experience following the removal of their child(ren):

> *When we lost [daughter] and I went back to the house with [partner], we did start using. For two weeks, we were heavily using. We both broke down and cried every night for 3 months.*
>
> *I fell pregnant after my son was removed and I hadn't been using, I ended up relapsing and once I relapse, my mental health deteriorates fast.*
>
> *I think when your kids get taken from you, there's no point just giving them straight back at that point, because even if you're not using drugs, the next three months, it's going to feel like someone's died. Totally, totally somebody telling you that you not fit to parent the child that you bore out of your own womb is like it takes a lot to get your head around. I was totally suicidal.*
>
> *At that time [children were removed], I felt like the victim all over again. My babies were taken and I was the one trying. That caused me to really use heaps… when my son was taken. From then, as you can imagine, I just went off the rails. After having [son], I had no desire to use. He was really like a game-changer, but then when they took him, I just fell apart hard.*
>
> *When they took my kids off me, it after my son was removed and I hadn't been using, I ended up relapsing and once I relapse, my mental health deteriorates fast.*
>
> *I couldn't handle the situation that my boys were gone. I ended up hitting the amphetamines twice as hard as what I did before, just to numb my pain.*

Not supporting parents after removing their children

Most of the mothers looked to the Department to support them in their efforts to reunify with their children and expected it to support families as well as children. Sadly, several of the mothers commented on the lack of support and the trauma they experienced following removal of their children.

> *When I first was involved with [the Department], they were called the Department of Child Protection. Just recently, after I got involved with them, it got changed to DCPFS - Department of Child Protection and Family Support. They are meant to work with the family. Before it was just to*

protect the child, but now they've gone under family services, they are supposed to work with the family.

A mother explains her motivation for participating in the research project:

> *The biggest thing I'd like to see coming out of this research is [the Department) have responsibility to the parents. They say that the children are their clients, but they have a responsibility to the parents. I cannot believe that they can go in with an apprehension warrant and leave a parent sitting there with empty arms and a piece of paper saying we apprehended your children.*

Another mother commented:

> *They could have worked with me. I thought that was their role … that's what they are supposed to do, but they were showing more interest in [partner], who was abusive.*

In some cases, the help sought related to homelessness, in others to assistance to address substance use.

> *They said they would help us, but they never even helped us once. I even went there looking for help and asked if they could put me and my kids into a refuge. I was sick with everything I was doing, going from house to house, but they never helped us. We couldn't even get into a refuge, not even through domestic violence. I went there to see if they could help me to get into one, but no. Even though they'd said me and my kids wouldn't be homeless, they never helped me once and they took my kids off me. That's what I hate and it hurts me on the inside.*

> *[The Department] didn't help us in any way [re homelessness], which they are capable of, because I've seen it in other people's cases. They can make a phone call to HomesWest or even write support letters to help us get housing, but they wouldn't help us. We were homeless for about 9 months. To me, I felt like [the Department] and Foundation Housing had been working together to make me lose my home. I was paying rent and everything. They just terminated my tenancy. Yes, and I'd just had my daughter and a week after that I had to get out of the property.*

For another mother, a lack of support resulted in resorting to drug taking. In this case the mother lacked confidence in the caseworker acting on her behalf.

> *I was weaning myself off, but the pot I was smoking every day, because of the stress I was going through. I'm not going to quit when I'm going through stress. It was helping me get through my days instead of being suicidal. I just thought 'you're not helping me' and I'm determined to get her [child] back.*

Lack of information sharing

The mothers and the Department have very different levels of access to information,

yet the Department appears to assume that both the substance-using mothers who contact it for parenting support and the grieving mothers who have had their children taken into care are capable of navigating the complex network of support agencies without assistance or referrals. One mother flagged the unreasonableness of this approach.

> *Once you lose a child, you are not going to be able to Google and look for what agencies there are. Everyone who get children taken into care are not on drugs and alcohol. They are not users, so they won't find agencies unless they are on drugs and alcohol. If someone got their child taken, because they were in a domestic violence relationship, it is scary that they wouldn't find all these services. You are not going to Google stuff, when you are grieving.*
>
> *[Despite having children taken into care] I wasn't directed by [the Department] to any support agencies and I didn't know how to go about finding out. I pretty much know what I have to do, but I didn't know where to go to get the support from agencies.*

A Departmental referral to NA could have speeded up the reunification process for several substance-using mothers

> *To reunify with [child taken into care] I had to stay clean for three months, but I couldn't do that, because every time I tried to stay clean for three months – this was when I didn't know about the NA meetings or anything. They never gave me any help or anything I could go to to try and help me to stay clean… They never told me, otherwise I'd have went to the meetings and would have stayed clean for three months out there. They didn't even tell me about the NA meetings. There are no brochures there, nothing… I was left with nothing.*
>
> *I didn't know about any help or anything, or the NA meetings for support for me to stay off the meth.*

Not providing information and not being made aware of options and support services not only causes distress and facilitates the shifting of goalposts, it also delays action on behalf of mothers who want their children back. Mothers, themselves, left unsupported and uninformed have to act on their own behalf.

> *When my children were taken, I didn't know what the next step was. I wasn't given any letters beside the court papers – the Interim Order. That was the only paper [the Department] had given me and I didn't know where I had to go or what I had to do, who I'd have to contact for support. I think it was six months before they even told me… before I received the affidavit saying exactly why my children were apprehended, which was domestic violence at the start. They come, they take your child, they give you that letter and you don't hear from them about what you have to do for months.*

They just laid it out to me – you do this, you do that – and then we'll see how things go, instead of pushing me to agencies and giving me paperwork to say 'these are agencies you can go and work with'. Just things like that, they didn't do. I had to find out where the counselling places were, had to do it all myself.

At that moment, I was really looking for help and I was going through domestic violence and I thought I was doing the right thing. There was no actual help for me, like getting me into a safe environment. It was just – take my kids and run.

The Department is also seen to be reluctant to share the information on which its decisions are based. One mother demanded to see the standard used to assess the suitability of a home and parenting practices.

What I wanted from [the Department] before I went to that meeting in [place] was a list of the benchmarks that I'm being judged against. No one could provide that. They sent me on to their Policies and Procedures, but that did not say what a particular [Departmental] worker is looking for... that demonstrated to me, that there are no hard and fast benchmarks. There are none. It's all based on opinion.

Negative expectations, interpretations and comments

The mothers had very definite views about the Departmental staff they dealt with and those views were rarely favourable. Two mothers complained that Departmental caseworkers treated them with insensitivity and rigidity.

She said 'I know you're [child's] birth mother'. Why does she have to say that? I'm her mum! Not just her birth mother. I started crying. I'm not giving up. They are so insensitive.

They are so insensitive. It's a book they read and they follow that book. You're treated like everyone else.

Some mothers felt Departmental staff were engaging in racism or stereotyping or only entertaining consistently negative expectations.

I felt that [caseworker] was racist. That's the honest truth – I just feel that caseworker's racist. We've come a long way. I've been clean from amphetamines for over 12 months, but [caseworker] doesn't seem to acknowledge that.

The whole time we felt we were being stereotyped, because of every other person that's walked in before you. We felt we were treated like criminals. We haven't done anything criminally wrong

At the end of the day, they paint everyone with the same brush. Like you're on drugs, you're never going to change.

It's like they are looking at them to fail. That's the same with a lot of mothers in here.

Another mother also complained of the negative picture that the Department painted of her.

She stated a whole heap of stuff that I completely disagreed with, it was painting a picture that just wasn't true … making me out to be a terrible person.

Trust issues - taking advantage of vulnerabilities

There were few reports of supportive, empathetic easy-to-trust Departmental staff, though one mother commented favourably on the third caseworker she was assigned.

The first two [caseworkers], I didn't get along with. Obviously because I was fighting the system and I didn't understand anything back then. The third one – we didn't get along at first, but after saying that, she was actually trying. That gave me a lot of hope … that she was actually trying. She wanted my kids back with me as well, and I could see that. The third one had been through a lot and shared stuff and that made me trust her more. I felt that I could work with her, because I knew she had been through… she had some experience in life and she was older. Just the way that she was trying to support me and she was understanding of trauma abuse and everything like that… third one made me realise that I need to work with her, because she is trying to help me. She's giving me a go and she's supporting me and encouraging me.

Others mothers commented on the difficulty of working effectively with young childless, relatively affluent caseworkers, who had little empathy for the mothers' situations or the challenges of dealing with an addiction.

The caseworkers that you have don't have children themselves and don't understand…. They are very insensitive. We were going to contact and the worker there said 'you two should have a lovely kid'… but we don't have that kid right now. They are so insensitive. They go to TAFE and get a certificate. That's all it is. They've got no life experience. They've not used drugs. They've not been drug addicts. Some of them haven't been in the system themselves and they don't comprehend and understand the love for your child.

Three of my caseworkers were younger than me and they were fresh out of uni. They have no life experience and [are] pretty privileged people.

So these people who are employed by the Department have no experience of drug use. They are not the sort of people that should be working in that industry really.

The Department's failure to share information or provide sought-after support

likewise impairs mothers' ability and willingness to trust that Department respects mothers and will work to help them reunify with any of their children taken into care. Mothers commented on the experience of feeling set up to fail.

> *I felt I was without that support and being set up to fail and I pretty much was.*

A lack of trust in disclosing information to caseworkers and concerns about how information will be used clearly inhibits addressing the issues from a family perspective, where all stakeholder concerns are addressed. A mother describes her experience during the initial contact following apprehension:

> *They are so good at getting information out of you by trying to make you feel comfortable, but it is the amount of information that you share. Everything will be used against you, absolutely everything. The first thing they will do when you get into that initial meeting when your children are taken away is they will say something to really piss you off or make you cry.*

Rather than supporting and safeguarding vulnerable parents, the Department appeared to gather information that could be later be used against those parents. A mother, in disclosing her continued struggle to overcome addiction discusses the consequences of her honesty.

> *I was really honest with my [Departmental] worker, because I wanted to get better. That bit me in the bum a bit. When I lapsed the first time, I hadn't relapsed. As soon as it happened, I rang my caseworker straight away to tell her about it…. I told the one person to keep myself accountable. I thought because it wasn't going to happen again, I'd be honest with her, but she slammed an 18 order down on me immediately and didn't give me a chance.*

A mother, who has had children apprehended in the past, is motivated to overcome her addiction and retain her baby. The trust she puts in her caseworker backfires.

> *Then they put in an affidavit or a safety plan that I was allowed to use meth on a minimum amount of meth which gave me the open door that I was allowed to use. I was going through the system saying I wasn't using and they were agreeing that I looked and played the part. They were actually saying 'we can tell you are not on drugs', because I was turning up and making a really big effort to get the kids back and they asked for urine and I said 'it's going to be dirty' because I had been using and I was honest about it. They had put in the affidavit and safety plan that I was allowed to use a minimal amount was OK. [The Department] said that I was to ring a refuge in the morning. The story gets worse. I rang [the Department] that morning and said 'should I still call the refuge?'. They said, 'hold off on it, I'll call you back'. They didn't call me back, but ended up just coming with about 3 carloads of police, and taking my son who was 10 days old. When I had [child] – my youngest boy – the plan was, once I'd settled in with him, they were coming back to me, because they were happy with how I was going.*

After having [child], I had no desire to use. He was really like a game-changer, but then when they took him, I just fell apart hard.

Two mothers' comments showed that they were not merely reluctant to trust Departmental staff, but expected that the Department would actively work to undermine them as parents and as persons.

I just feel they are taking every opportunity to hold anything against me and they use that as my behavior is unstable

I feel that [the Department] undermine[s] parents and belittles them.

Arbitrary non-negotiable decisions

The adversarial relationships combined with an apparent disregard for its clients resulted in the Department taking decisions that the mothers saw as arbitrary, but had little capacity to renegotiate. Power and control resided with the Department.

They ended up taking her [woman's daughter] off my mum and giving her to [the foster carer). I just got told that she was going to [the foster carer) and didn't really have a say, which I should have. She could have been with my family, my biological mum.

They hit me with a proposal, which was parenting courses, DV [15]courses, stability for nine months and a few other things. I hit all of them except for the counselling, because I was working and I said I don't need the domestic violence counselling, I need my kids back and I need more contact. I've never had unsupervised [visits]… they just didn't bother with it. Yet, their father came out of jail and got all access. For some reason, they've kept me back from my children and I think that's what drove me to meth use.

The fact that you have to prove yourself for so long, before they'll even consider giving you unsupervised visits, like it's just criminal.

Being able to negotiate and have input into assessments is a one-way exercise.

Being able to negotiate and have input into assessments is a one-way exercise in the meetings, the review meetings, if I don't agree with something, I just say 'No, I'd like to discuss that, because I don't think that's an accurate picture', that's argumentative, and I'm not showing her respect and I need to show her more respect. She didn't see me as having any right of reply at all. There is no right of reply, there is no discussion, they make a statement and that statement is fact

Another mother, who felt powerless in the reunification process, believed the Department disregarded her human rights:

[15] Domestic Violence

It's hard to explain [the Department) is really disrespectful of clients. They don't have any working relationships with clients whatsoever. You do the shit that you're told, because you can't advocate for your human rights basically. Going through this is the most disempowering experience of my life.

Some mothers complained of arbitrary decisions taken by their caseworker.

She didn't want me to cancel the restraining order [on partner]. She wanted the restraining order on him, right or wrong. I thought, fair enough, she's the case manager and she might be good at her job and fair enough that she's got my child, but it's not fair enough for her to deal with me and a grown man. We are grown people and we will be responsible for our actions.

What was making me angry was when I asked for an Aboriginal officer to come in on a care plan, she goes and gets a child psychologist. I didn't understand what she was doing.

Even when the mother has evidence of progress, this can be overridden by the caseworker. Decision-making in this case is confusing for the mother and her concerns are supported by external consultation:

I'd go over there … to my appointments and to do my urine analysis and everything. I'm clean now. She's [caseworker] has still got me on the scale 2, she's got issues. I said you gave me 2 last time and she said 'no I never'. She's very contradicting. I should be 5. She's doing her own rules. I saw a psych last year, as they [the Department] said that I had brain damage. He goes 'you won't class as any of these things that are written down. That's just their issue'.

An example of a power struggle between agencies is experienced by this mother as having lost control of her children's future by the domination and decision-making of a particular staff member. This leaves the mother feeling totally powerless in the relationship:

It's his [case manager's] way or no way. The first lady I had from Fin WA had too many problems with him, because she had to pull him up on things and tell his boss, that he's not always right and sometimes the things that he does, he shouldn't be doing. I had to swap workers, because there was too much conflict of interest between them two and she was scared that she'd stuff up my chance of getting my kids back. That's how far it goes, because she knows he is the boss of my kids and he can say whatever and what goes.

Another mother had concerns about a caseworker's reliance on the case manager and that power relations were being used to over-ride due process:

My previous caseworker and case manager … everything she said, like 'this is what is happening next week' or 'this is what is happening soon', she kept

> *to her word. Everything that she said would definitely pass through the manager. This one is like 'I have to ask this', or' I have to ask that'. She is not running the case, she is just the information person and he's running the case. She'd [current caseworker] only just got into [the Department]. I still think that she is not professional, she's still learning and not experienced. She is a nice person, but the person who is teaching her is giving her all the wrong impressions of how to go about things. He can be very scary at times.*

The combination of being subjected to a series of arbitrary decisions and a sense of being unheard means some mothers experience their dealings with the Department as a frustrating and demoralising series of knockbacks.

> *I know there are people out there who abuse their kids, are really violent and do use drugs. But for the people who are trying to make a change, it's like you feel that you keep getting knocked back and you feel like you are giving everything and getting nothing in return. That's what it has felt like for a long time.*

The Department's apparently unfair and arbitrary decisions were most keenly resented when they were perceived as being based on uninvestigated assumptions or as setting unreasonable requirements or demonstrating an unwillingness to address mothers' concerns about the wellbeing of their children in care.

Uninvestigated assumptions

One mother complained about the Department operating on the basis of what 'they can just tell' rather than considering contradictory evidence.

> *They go by what they think or what they think they are seeing. I wasn't using alcohol or drugs at the time, but I had just got my affidavit back, when I had my son in my care. It said in the affidavit that I had been using, but in the report it said they have no proof, but they can just tell that I was using. I wasn't using and I have nothing to lie about now. So I didn't find them helpful at all.*

In another case, the Department appeared to assume without any investigation that a reported instance of domestic violence was a serious case of intimate partner violence that warranted taking children into care.

> *I was down at my partner's uncle's house and we had been sleeping there for the night with the kids, and his mum had come home drunk at 3am and was shouting. The neighbours called the police. I got a lift home with the police back to my place with my children, and that's the reason, the DV they used against me to say there was domestic violence around the children. It wasn't my fault that she'd come home 3am. I couldn't understand about the DV, because I didn't class that as DV. It wasn't like domestic violence between you and your partner. Once I got all the affidavit papers that, what they [the Department] were taking to court, then I noted that's the DV that they were going on about. Instead of explaining to me that, this is what*

happened and this comes under DV. They were tricking me into more or less saying it was me and my partner. They didn't even ask me about the situation to see what it was. They used that to take my children. I couldn't handle it and thought … what have I done wrong?

Unreasonable requirements re support networks

For the reasons outlined earlier in Section 4, many of the mothers lacked strong support networks of family or friends, but Departmental staff appeared neither to understand nor accept this.

> *They [the Department] kept asking me if I had family who could take care of me [re accommodation in Perth]. I said 'no, I've told you before, that they're either doing drugs or dealing drugs'. Some were in prison. They've got problems as much as I have.*

Several mothers understandably struggled to find the required network of five support people meeting the Department's specifications.

> *I have to have a strong support network, which was always the issue I struggled with. I pretty much know what I have to do, but I didn't know where to go to get the support from agencies. Pretty much they wanted a support person, that wasn't an agency ,a family member or friend, just to check on me on the weekends and things like that, and to watch my mental health and to help me along the way and that's what I struggled with. That's why my son was taken back into care, because I couldn't find a support network. I need someone to support me, because I do have problems with my mental health. I've had problems in the past connecting to people or trusting people.*

> *One of my people [was deemed unsuitable because] there was an allegation. The allegation was unfounded and they have a letter to the effect that the allegation was found to be without merit, but because the allegation is on file, he's found to be unsuitable.*

> *They expect you to go out and find these people, so go and meet someone random, befriend them and then just drop this bomb on them and ask them to be your support network. I randomly popped in on her [neighbor] one day and started talking and she's quite older, like 50, no kids and lives alone, and I started going to her house and having coffee with her and then I dropped it on her and she said she was happy to help. But then a week later she text[ed] me to say 'I don't want anything to do with you guys, I'm a free spirit, I don't want any of your drama'. That was annoying, because I had told my caseworker her name, her number, said she could call her, a week later, she pulled out of it and I looked like an idiot.*

Undeterred, that mother tried again:

> *So we tried that option and that didn't work… so I've asked five people from my friendship group and they have all said no… they [the Department]*

expect them to take time off from work to supervise [daughter]. They expect them to come to [place] to have monthly meetings. It is so unrealistic.

Unreasonable requirements re contact, appointments and urine analyses

Requirements to undertake contact appointments and urine analyses also posed problems for mothers who were unwell or parents engaged in paid work.

> *I'd gone from having my children full-time to them only letting me have one hour a fortnight with all of my kids trying to get my attention, so the contact I was having was really horrible. Then they'd say … 'you can't discipline like that, you've got to be more firm with them'. My argument was … I get them for one hour, what do you expect me to say?*

> *We've had to do random UAs twice a week for six weeks and then it was getting quite annoying, because we didn't know when we would be doing them and we couldn't get a job, because we didn't know when we were going to have a UA, so then they did it set day, three days a week. A few months ago, they said our financial status is an issue, because we couldn't work. They want to see one of us working. We couldn't work because of the UAs and the contacts. We had contact in the morning and contact in the afternoon.*

> *It's not like he can just tell his boss that he has to go and do a drug screen. So he was working and that and it wasn't working out and that was why it [reunification] was so delayed … because he started missing UAs and started missing contacts.*

A mother living on NewStart allowance struggled to manage requirements for contact visits and that program's requirement to actively seek work.

> ***When my children were taken into care, I had to go onto the NewStart program, which is the dole. To be on the dole, you have to be looking for work. How am I supposed to work when I'm doing visits three days out of five?***

Shifting goalposts

Multiple examples from data provide evidence of mothers' inability to meet expectations often due to lack of clear communication around what is to be achieved. Mothers were understandably upset when they believed they had complied with the agreed requirements, only to find that the goalposts had been shifted without reference to them. Their sense of 'being set up to fail' fostered distrust of their caseworkers and the Department.

> *With [the Department], you will find all of their instructions … whenever they say, 'just do this and then you'll get your kids back', and then they gave me something else that I had to do, and then something else … all these hoops.*

They just keep changing the standard expected. They said, 'you've only maintained the house to the standard of a single person living at home, not to the standard to a person who was having children living with them'. They [the Department] came every week and they gave me glowing reviews and now they are saying 'it wasn't maintained to suitable standard'. Well how on earth was I meant to know that?

They haven't kept their side of the bargain at all ... They take every opportunity to delay the process ... they set one thing and then they say 'now you've done that'... they want something else ... the requirements have been retrospectively changed ... all I want is fair.

I feel that [the Department] are missing the whole thing. It's about my children and them coming home to a safe house. I've proved all that to [the Department]. We haven't had any DV reports for over 12 months, been clean from amphetamines for over 12 months, clean from marijuana for nine months. We've passed the barrier for relapsing, but we're still waiting.

They [the Department] told me that I needed to go [to treatment] for six months and I've done 13 months and I still don't have my kids, and I've got to wait another six months on top of that to even look at having them come.

They [the Department] told me my parenting was excellent. I offered to do parenting courses, but they said 'you don't have to because your parenting is excellent'. In the back of my mind ... if my parenting is excellent and I'm off drugs, why haven't I got my kids back?

Last minute delays and delays for no apparent good reason were seen as an especially unpleasant form of shifting the goalposts.

All I have to do for them now is psych, and [caseworker] keeps putting it off. She said 'if the psych says we have to give her back to you, then we have to give her back to you', but she's holding it off, because she didn't like the first report, that she got from the psych. I've asked her for it a few times, but she said 'we haven't got it yet'. I'm still waiting. It takes six weeks.

They don't give me any room to correct anything, so what they do is they wait until just before something's about to happen... and they flag an issue so that it can't go ahead and you say 'OK, I'll have that rectified by then' and they say, 'oh sorry, we don't have time to come out and check it before then'.

A mother describes the devastating effects of having an overnight visit refused at the last minute without explanation and the effect on her and her child, neither of whom received any support to deal with the disappointment:

[Daughter] had to do an interview as part of the process of her staying overnight, so they could get a baseline of where she's at. They asked me to bring her and while she was in that interview, they pulled me aside and said 'it's not going ahead'. And they made me tell her on my own. If there's one thing I'll argue vehemently is that should not have occurred. They should

have sat down with me and her and we should have discussed why it wasn't happening. She was all kitted up and ready to sleep over and then she had to be sent home. It was very devastating for her. She's not even a factor. The only thing that's factored in the process is boxes being ticked.

Permission to continue substance use and meet reunification outcomes provided mixed messages:

The first time they [the Department] took my kids, they said 'it is OK to do drugs as long as your kids are not in your care'. So I took it upon myself to think 'wow, awesome!' So I went out on the weekend and had my kids looked after by family and I did drugs, but then I failed my drug test during the week and they took my kids off me. It was like … 'you said that I could do drugs'. I had my kids looked after. So I felt really misinterpreted. They should have just told me 'no, it's not OK to do drugs whether they are in your care or not. Just don't do it'

The strain of struggling to handle the shifting goalposts can serve as a trigger for substance use.

I did the right thing for the first nine months. I got the house, the car, the job. But then blow after blow, I'd turn up for contact and struggle on the train, and because I didn't answer my phone when I was at work, they'd cancel contacts and I stood there with cakes and birthday presents. Blow after blow … methamphetamine then came into my life and that helped with dealing with the emotional pain. I started using meth, when I was 32. For some reason, they've kept me back from my children and I think that is what drove me to meth use.

Failing to address mothers' concerns re children in care

Being able to share concerns about children in care and having these concerns listened to and acted on is important to mothers. A significant proportion of the mothers had expressed concerns about the health and safety of their children in care. Yet, while the Department acts promptly on allegations that a child in the community is at risk, it appears to have dismissed the concerns expressed by those mothers on issues such as head lice, bullying, physical injuries, medication, sleeping arrangements and possible abuse of children in care.

My daughter was full of head lice every time I saw her and I would have to clean her hair out, and every time I would say this to the Department, they would kind of put what I was saying away and not hear me. I was actually cleaning her hair out in the office right in front of them. To me, that is neglect having head lice to the point where they were falling out of her hair.

I went to visit him [son] a couple of months ago and his fingers were bandaged up and he'd been to the hospital. I asked him what happened and he said that his foster dad had got rough with him, so they had to take him to the hospital for an x-ray to see if it was broken. I put in a formal

complaint about the bruising and then the following week, he had a big bruise the size of my hand on his back. I asked them about the fingers and they said that [son] had hurt himself in the playground at school. He's still with them and I've been really worried.

Accountability issues

The Department did accept accountability when one of its staffers was revealed to have contravened Departmental procedures. A mother reported being allocated a new caseworker, because the previous caseworker had failed to follow correct procedures or give appropriate advice.

I went to the Department and told them what I'd been doing and they took my old caseworker off the case, because she messed up in so many areas. She never paid my mum any carer's money for the whole year, she gave us false protocol on how to go about the 18 year order and how to oppose it, so we were handing these letters to higher up office like she'd asked us to and they were sending them back saying 'we can't take this unless we've got this and that' and it was a big mess. My mum went and got so much legal advice and it was all for nothing. So they removed her from our case and we're now with somebody else, who has given me another chance.

Some mothers felt that the Department lacked the accountability they were trying to cultivate in themselves and did not see itself as accountable to the parents of child(ren) taken into care.

They all get away with whatever the hell they feel like, because there's no governing body they answer to. They're a law unto themselves.

If there was someone to hold them to account, they wouldn't be able to change the goalposts.

Mothers tended to see the courts as the best way to hold the Department to account.

7. Justice system

The justice system plays important roles in these women's lives. The mothers had contact with a number of court systems, including the Family Court and Drug Court.

The court system was often perceived in a positive light, as a fair-minded control or check on the Department's activities or vexatious litigation by family members.

> *The only thing that will push things forward is lawyers and court.*
>
> *The only point where I have had any jurisdiction is when I've stood in front of the judge.*

A trial date could provide an incentive to demonstrate their fitness to regain care of their children.

> *By the time I go to court, I'll be clean from drugs and have a house.*

Drug Court was regarded as very supportive.

> *Instead of being charged in the Magistrates Court, you can ask for Drug Court if you are under the influence, or if you [your] charges are around drugs. It is a program where you get a CATS officer and they work with you to try to stop you using. It's one-on-one counselling with them, but because I'm in here I don't do the counselling with them. They do urine testing. They give you 10 points for the program and if you do a dirty, they take a point off, but if you stay clean for another week, they put the point back on, but if you lose all your points you go to jail for a week. I'll be going through it when I leave here, so that will keep me accountable, which is good.*

The mothers saw judges as fair and concerned that all parties appearing before them had appropriate legal advice.

> *The judge stopped me in the middle of a court session and asked me if I had legal advice and adjourned it, so that I could get legal advice.*
>
> *When I went on trial for my boys before, the judge knew that the Department went to extreme lengths to get an order. We had gone on an eight day trial and the judge said 'I've never seen a trial like this in my whole time I've been a judge. This poor mother has been in here for eight days from 9am – 4pm'. So she knew that they went to extreme lengths, but they didn't go on what was happening at the time. They were going on my history.*

Some mothers remembered and quoted remarks by magistrates and judges.

> *They say with a newborn … this is what the magistrate said in court … with a newborn, it is crucial to have the bond with mother and baby at that newborn stage.*

There are judges who have said drug use does not make a bad parent. What makes a bad parent is neglect and violence, not drug use. I've actually got his quote at home.

One woman reported support from a helpful and knowledgeable lawyer:

She [duty lawyer] was really good. She said, 'if you join Relationships Australia and do one-on-one counselling and domestic violence groups for women who have been affected by domestic violence that will help your case'.

8. Parent and child attachment

During the interviews, mothers commented on the complexities of dealings with family carers and of the importance of positive relationships with their child's foster carers. The rest of this section looks at how the parent-child relationship is impacted when children are taken into care. It considers the impact on children, the mothers' desire for information and ongoing contact with their child(ren) and the problematic settings used for supervised contact visits.

8.1 Impact of separation on parent-child attachment

Mothers also voiced concerns for the impact on their child(ren) and on the attachment between parent and child. Delay in arranging parent-child contact reduces the prospects for reunification.

> *When you take a child from her parents… like it must have been for her like I'd died too.*

> *I waited for ten months to try and get into Saranna then to get her [daughter] back, no sorry eight months was the first time they offered me a place and the Department said 'she hasn't had any contact with the child, there is no attachment, we can't, we can't just bring her up here' and twice more I got offered a place and even Saranna, the managers there said 'there is no attachment'. No they [the Department] were using that [non-contact] as an excuse to not reunify with me in Saranna.*

8.2 Desire for ongoing information about child(ren) in care

Mothers wanted, but were not always able to get ongoing information about their children taken into care. Given some of the mothers' own negative experiences as foster children and the concerns about the health and wellbeing of children taken into care, discussed in Section 6, this is a thoroughly understandable and reasonable desire.

> *I want to know if my daughter's been sick. We don't even get told if they're taken to hospital. I want to know if she is, what medication she's having.*

One mother had the comfort of a formalised communication book to share information about their children.

> *We had a communication book that we'd send backwards and forwards.*

8.3 Contact with children in care

Mothers valued all forms of contact with children in care – even one-way communication by post or phone.

I used to send cards, I used to buy the one dollar cards and I'd just send them with a thing of stickers and lots of love hearts and, never used to say much, but I'd send it and I know she is to get them and I did that for my other kids too. I just um print off a photo and get [daughter] write a bit and then I just go 'hi, I love you' and then there's no expectation. They don't have to send anything back. But so in that case, you might have to send it to [the Department], but [the Department] should then pass it onto the child, you know like redirected to the address, because nothing like being a kid and getting a bit of mail in the mail box you know like?

One carer used to provide information by phone and send pictures to the child's parents.

She used to ring us up, when she was in [place] and send us pictures of our daughter.

Having a phone number for the child's new home was a comfort.

I had the blessing of knowing where my kids were and I did have a phone number for them, because I was thinking about this on the way back, you know like …yeah, but I think contact um is very, very important, not just for the kids.

In cases where distances prevented face-to-face visits, video links were valued.

When I was in [country town], I was having contact [weekly] via video link.

Contact visits where mothers and their children could see and touch each other were particularly important, when children were taken into care at a young age.

He [son] was all over me, he fell asleep on me, just wanted to be nursed like a baby. It was all the same kind of thing he wanted from me again. It made me have the confidence that I can do this again. My kids were pretty much waiting for me.

Mothers voiced considerable dissatisfaction about constraints on contact visits.

I didn't get to see [daughter] from six weeks old to eight months old, because [the Department] weren't able to get someone to supervise the access.

I wasn't allowed to be alone with him [son] and it was compulsory that I had to see him at least twice a week, so that I could keep a bond, otherwise I wouldn't be allowed to have him back. It is really sad and really restricting. He absolutely bawls his eyes out every time I have to leave, because he doesn't understand why I have to leave.

At the moment, I can take them [children] out [from Saranna], but I have to take a family member with me. I feel like I'm going backwards in everything

I've achieved. I shouldn't need to have family there to supervise me with my kids.

8.4 Settings for contact visits

Mothers voiced considerable dissatisfaction about contact visits in 'unnatural settings' such as libraries and the Department's offices.

> *I'd get to see them for two hours twice a week, but it would be at the local library. This is when my two kids were quite young. We'd sit in the library and [relative] would sit on the floor and the kids would just climb all over her.*

> *Initially, the contact had to be in [the Department's] office, so you can imagine that was not natural. The contacts we have are not natural, It is natural for her to be in natural environment. Meaningful? Not really, because there are like five other families in the contact centre at the same time. There is no privacy, there are people watching you, some of them write down what you are doing, when you are sitting right there.*

Mothers preferred home visits or visits to Saranna or parks, playgrounds and gardens.

> *The visit that I had on the weekend – it was on the Saturday and Sunday and it was at my [relative's] house, it was a more relaxed environment. It was supervised by my [relative]. It was overwhelming at first, because I hadn't seen them for eight months, but after that it was like we had never been apart. I had the time to actually care for them again. I was allowed to feed them, make their food, put them to sleep, make them drinks, take them to the park for a play. It felt natural again. It was so good.*

> *My visits were supervised in a small [Departmental] office, or in a playgroup centre . The playgroup centre is OK, but between four children, one being a baby, trying to nurse him and trying to split your time evenly between them, which is impossible. It is impossible, because they are all talking at once and they all want your attention and it is not enough time. You can't give them all your attention at once.*

> *I did do a thing through Palmerston used to be called YAP, the Young Adolescent Parents, but it was just a group where Wanslea would go out and Palmerston would go out so, [they'd] have like a set up for the kids and set up the adults. There was a playground outside, but they had the two workers from Palmerston, so one could always be inside monitoring and one could be outside doing any bits of counselling that needed to be done. Yeah [names] were just fantastic and that was the best, that's how I ended up being able to do my supervised access was, I was able to get her dropped off there and it was just a playgroup place but it had an outdoor. The kids could ride bikes and it had all the kids toys set up.*

Saranna was a much-appreciated setting for contact visits and family reunifications.

Yes, he comes every second Thursday for dinner [at Saranna] and when we have Saturday outings, we will sometimes go to his house. We've re-bonded since coming into here.

Choosing a venue for the contact visit could be problematic

Sometimes when I get my kids, I don't know where to take them, because a lot of your family might be sitting home drinking and some do smoke marijuana. Most of my family are like that and I'm too scared to even take my children around my family.

Mothers wanted their children in care to have contact with their siblings, but the duration and frequency of the contact visit was often problematic for the mothers.

When I was seeing them [four oldest children] for one hour a month … you've got one hour and four kids. It is really overwhelming.

Travel time and the costs involved in contact visits were often a strain for the mothers

So I would travel from my mum's to see her at a family centre and have my hour and a half with her and then travel back to mum's, and do that every day. That went on for five months and then I came in here [rehab]. I couldn't do anything else in between times.

We travel all the way [from Perth] to [distant place] to see our daughter every Thursday. We travelled up there all the time.

8.5 Rebuilding parenting/sibling relationships after reunification

Rebuilding family relationships after reunification has to take account of the climate of fear and the damage done by separation. Mothers did not expect this to be a simple or easy process and suggested expectations need to be adjusted and that counselling may be required. Two mothers spoke of having to learn new ways to discipline their children.

Yes, of course it [post-separation healing] will never stop. Once you lose your children too, there is this like, and it's the same with all women that I've, I've spoken to, my experience has been that they all agree that there's this holding back, even if you do get reunified, because there's just nothing like it having your child taken off you, there's just no, no feeling like it.

They've missed each other. They love being together. I was talking to my kids. I said 'I used to cry for you all the time and that used to get me back on the drugs, because I didn't want to cry'. The next thing my daughter was saying ' I used to cry for you every night too, being with strangers'. I didn't think my son would listen, but he said 'I used to cry for you too'. I'm just so grateful now.

There will be ongoing challenges. Every child will be traumatised from the stuff that they've gone through. They might need counselling for a while. We might all need counselling.

Each time I've got him [son] back it's been a rocky road. I've had to rebuild trust and rebuild bridges with him. I guess what's helped is that I've been really understanding and not expecting too much from him and I expect him to be a bit resistant and rebellious.

Because they've been taken away for so long, when my kids are naughty, I don't know how to discipline them anymore. I had ways of putting them in their room or, I had my routines, that they knew if they were naughty. But because they've been out of my care for so long, I don't know how to discipline them anymore.

Parenting support, childcare arrangements and respite may be required after reunification. Some mothers still need to attend support groups such as NA.

That's what tipped me over the edge. I was managing having them week on, week off, but as soon as I had them full time, I just didn't have a break. I didn't have a minute to clean or do anything. I was at the point where I wanted to drop them off to the Department myself, because I could not cope.

I can't even go to meetings. I can't go to NA meetings because she [daughter] can't hear what people are talking about.

8.6 Living in fear

After reunification, the prospect of further separation can keep mothers and children in a state of fear.

[Daughter] is terrified of being separated from me, terrified. The separation anxiety is huge, so of course getting her to school is a huge issue, she's just settling now…. I do live in fear that [the Department] are going to knock on my door and say 'well actually, she's absent from school quite a lot'.

I know that if [the Department] came in and tried to take her [daughter], she would kick up that badly, that they would have to give her back. She has said to me she couldn't live without me. When you've been ripped from your mother's arms and placed with a complete stranger and then may be given back and then maybe handed back again, the trauma that that's causing to that poor child, you know like it breaks my f… heart … and that's what's going to keep me clean, because I know [daughter] has said to me she couldn't live without me.

Having that fear over my children's heads is the worst thing possible. If they were taken away, I don't think my oldest would be alive, he would have committed suicide. He definitely would have. He tried to self-harm when he was about nine or ten, and [the Department] don't see that. They don't see how vulnerable your children are and how much they rely and depend on you. All they see is their own perspective of whether or not your house is

safe, or whether or not you are being a protective parent. By the time your children are taken away, that [Departmental] worker has to justify why they have taken the children away. There are so many lies to be dealt with.

8.7 Admiration for child(ren)

Several mothers expressed admiration for and pride in their children's resilience and achievements in the face of family separation.

She's the most lovely, resilient just amazing girl… she's bounced back and even from this… what my daughter has taught me is that 'Mum, every day get up with a smile'. You know, she doesn't hold a grudge even if I'm narky at her or something.

He [son] has so much compassion. He is like fireman Sam to the rescue. He just wants to give everyone a band-aid and make sure everyone is OK.

He's a decent kid. He had every opportunity and every reason to go down the wrong track and he hasn't. He is very special. He is doing OK at school. This is his last term and he does all right. He doesn't know what he wants to do and I think that's OK.

9. Voices about the best way forward

As with the 2017 Newcastle report[16], participants in our study had many ideas about how things could be improved for others in their situation. They had little doubt that there was scope for improvement and offered suggestions for community-wide changes, specifically indigenous services, more integrated services and changes to the Department as well as offering advice to mothers in situations similar to their own.

> *I just think the way things are done right now is just causing a greater cycle. These kids are growing up and they going to jail, they're [then] becoming drug addicts themselves, you know, like nobody wants to be a child in foster care, nobody wants to be a child in foster care, you feel unloved, you feel unworthy.*

One mother suggested a solution might be a recognition of the need for community-wide changes and a greater focus on integrating substance users into the wider community

> *For all of these drug users to be invited back into society, to be given jobs and trusted and having a purpose.*

Another mother saw a case for specific indigenous services.

> *I think that … yes … they definitely should have different services, different rehabilitation services for Aboriginal and non-Aboriginal. There needs to be much more yarning and culture … much more instead of this sitting in a room talking.*

9.1 Advice for mothers

Mothers felt they could offer useful advice to other mothers in their situation on matters ranging from seeking support, getting an advocate and accessing legal advice, counselling, support to manage alcohol and substance addiction and taking care to manage information honestly and wisely.

Hopeful, persistent & proactive support seeking

Several mothers recommended seeking help from any sources, not relying on any single agency, maintaining hope, self-care, self-belief and using thoughts of their children as motivation.

> *When you know that you are struggling, reach out. It's OK to ask for help. I find that Aboriginal people don't like asking for help, because when they ask*

[16] Ross, N., Cocks, J., Johnston, L., & Stoker, L. (2017). '*No voice, no opinion, nothing': Parent experiences when children are removed and placed in care*. Research report. Newcastle, NSW, University of Newcastle.

for help they tend to get [the Department] involved immediately. And that's sad.

To actually engage with the services and don't give up. So if you don't get a call back, call them back until somebody listens. Keep going until somebody listens, don't give up. Keep pushing and if one agency doesn't help you, go to the next and the next. Don't give up, which is what I did over and over again. I would call the agency and they would work with me for a little while and if they were not what I was looking for I would just give up. Instead of going to the next agency and trying them out and seeing if they can help me, I would just give up in the past. That's what I'm doing now, going to the next agency if one can't help me.

Just never give up. There is always hope, no matter how dark or feeling like you are not going to get anywhere or it is not possible … just keep going. Just think about the children. They deserve us and this is a horrible drug and addiction is horrific, but you can fight through it. And our kids deserve us to be happy and to be there for them.

Find an advocate

In view of the issues discussed in Sections 4, 5, 6 and 7, it is not surprising that several mothers considered a knowledgeable, empathetic, non-judgmental advocate could help other mothers in their situation structure their days, check-in regularly by phone and in-person, aid navigation of support networks, locate a helpful GP, support mothers in their dealings with the Department and help them keep records of various kinds, including a diary/journal for their child(ren) in care.

Find an advocate. Find someone who has been through it for support, because I'm sure that every single parent that has been through it would be more than willing to share their knowledge.

What a parent needs is an advocate. You can't go in there by yourself and you need to be told what the process is going to be. You need to be told before you go in there, that they are going to upset you. If you go in there blind, that's when you'll create the situation for yourself. You need someone with you the whole way.

Maybe volunteer advocates … people who have been through the system can volunteer to go with them for the first interview. That first interview is so important, that's where they trap you… more volunteers, who have been through the process. Someone to hold their hand when they walk into the meeting, when all they are feeling is lost.

Get legal advice

In view of the issues discussed in Section 7 and Section 8, it is not surprising that one mother felt strongly that mothers of children taken into care needed useful legal advice about their rights.

One thing that's really important is for women, who have their children taken out of their care, they need to get serious legal advice, because I personally think that [the Department] run with the fact that they have the upper hand on the knowledge... but not knowing my rights was the biggest thing, because you feel hopeless. Even though you can't do anything and you are in the wrong, but just knowing your rights is some form of hope that things can get better.

Get counselling

Several mothers recommended getting counselling.

The first thing any mum needs to do is go to counselling and tell someone the situation. If you want to keep using, then there are things you can do to be proactive and use, like counselling. They are not like an authority figure, they're not trying to tell me it's wrong, they're not family or friends, who are going to egg me on to keep going. They are just someone who stands in the middle and they're not telling you what to do or how to do it.

Counsellors … I would say go to Women's Health and Family Services.

Get support to address alcohol and substance use

Several mothers recommended seeking support to address addiction from Saranna, other rehab programs and NA.

If it was a drug issue… get in and do this [mixed gender rehab], do this because it's like three months, four months of your life, you know, is comfortable.

I would advise everyone to go to rehab, go to the Saranna program and learn how to live again with your kids. If you don't learn life skills, then when you get them back, you'll just fall back into old patterns, so I definitely think rehab is a good one. And to seek out the support of what caused you to go to addiction.

I think NA is the most important support outside of here [Saranna]

I'd tell them to come to rehab or to go to NA meetings and to stay clean.

Empowering yourself, yeah getting to know where NA meetings are, knowing that there are just solely women's NA meetings.

Be honest & careful with information

Several mothers felt they could offer useful advice on this matter. One advised against attempting to cheat the urine analyses. Others felt honesty needed to be tempered with prudence and strategic considerations (especially on social media). In view of the trust issues discussed in Section 6, it is not surprising that getting the Department's dealings on the record in emails, other written records or oral recordings was considered essential.

Be 100% honest. I've tried to manipulate [the Department] in the past, when they were first involved with my children. I didn't think there was a problem with my drug use. I tried to manipulate the urines, but since being in here, I see drugs for what they are. Drugs are an evil thing. I now see it for what it is, and just to be 100% honest.

Keep it transparent all the way, except for the amount of information that you pass onto [the Department]. Do everything that you're told to do and try to get everything in writing… [record meetings] I always do, just under the table… it's your meeting. They will cancel the meeting, when they find out you're recording it, but you just keep your mobile phone under the table and just record it and you can go away and write everything down from there. And you've got the physical recording and they can't say that you said anything different than what is there.

My advice is no phone contact with [the Department], but to get everything in writing, emails or fax or whatever it may be. Do not talk with a [Departmental] worker and make decisions on the phone. I've had six or seven different caseworkers – they've swapped teams etc, and then things that have been said, someone else has said 'no, that is not accurate'. I don't think in the last two years I've spoken to [Departmental staff] on the phone, I do it all on email.

9.2 Better integrated services and facilities

Many of the mothers commented on the need for new types of services and facilities and for better integration of services to provide support for children, parents and the extended family.

Whole family support

The mothers saw whole family support as encompassing drop-in centres, counselling, respite care, support for victims of domestic violence, childcare and parenting programs, rather than the removal of children and separation of siblings.

Especially with indigenous families, you can't fix just one person you know, you need to bring the whole family.

The services out there need to support you more to keep the kids together.

I definitely think it was a lack of support out there, not being able to manage my kids. … I really think there needs to be so much more support out there, but not support, where it comes in the form of [the Department] where if you can't manage your kids, they will just rip them out of your care. There needs to be a lot more in place.

Education in parenting is seriously lacking, because it does take a village to raise a child and it does take that much knowledge to raise a child. I've watched so many people struggle with it.

There needs to be somewhere that you can turn to for actual help … not just go to this information seminar, or go to this group. There needs to be much more help out there. I even thought it would be good to have a drop-in centre, where you could put your kids into a crèche and speak to a counsellor on the spot.

One mother suggested phone support.

Like the Quit Smoking line. You used to be able to ring them all the time and get someone who will say that you are doing a great job or this is what you are going to expect. Why can't we have that for people under [the Department] … a support line.

Support for parents

Some mothers suggested home-based support, which could be live-in or visit-based. One saw this as involving a mentor/advocate who could provide in-person and phone support on matters such as a systematic process for regular communication with children taken into care.

There just needs to be more help out there, like instead of just taking the kids off the parents, there needs to be someone that can come and stay with you to help you get things back on track.

If you could have someone in your house, who is able to counsel you about your drug use, who is able to help you figure out a way to keep your environment safe and ensuring that the child is safe, then you don't take a baby from their mother.

And the only way that any person who is addicted to drugs is going to be able to do that [rehab, turn life around] is to have someone help them, not give them a list of numbers.

Several mothers saw a need for more residential rehab programs, preferably ones where children could stay with their mothers.

I think that there needs to be a lot more places where women, and where it is very strict. You come up with dirty [urine analysis] … sorry but we are calling [the Department]. That fear, that fear is what will pull you up.

There needs to be more rehab for women and children. Instead of ripping the kids off the parents, try to keep them together.

More programs like this [Saranna]... If there were more places like this and more help to have a stable place. I know a lot of people who have gone through children getting taken and I can understand how hard it is to go and see your kids and have to leave every time and I think that's the main reason why they don't, because it is really painful.

Support for pregnant women and mothers of newborns

Two mothers flagged a need to support substance users who were pregnant or mothers of newborns.

> *Some organisation that is aware of the drug problem, and especially mothers in addiction screaming out for help, because I don't believe there is that. There are pregnancy problem houses and all these houses to help terminate a child, but you don't necessarily plan a pregnancy … I couldn't terminate. I couldn't do it. It is the people, who can't or won't terminate, that need the help.*

> *It is so sad to see these women having their babies taken from them at birth. OK, so they've got a drug issue, but why can't we work with them… or some new protocols and processes in place like in France, women who have had a baby with a drug problem, are offered a nanny, supported by the government.*

Better sites for access visits

One mother advocated for urban farms as a setting for contact visits.

> *if there can't be lots of Sarannas there should be lots of city farms. Each family can have a little plot or something, you know, and the mums can show them how to grow a sunflower well or pick a cherry … safe spaces.*

> *I believe that there should be places like City Farm, where that's where you meet, because if the parents don't show up, then the kids are still busy and there with other kids.*

9.3 A Department more supportive of parents

Mothers wanted the Department to be more supportive of parents. Several mothers felt it could offer referrals to agencies and services, assist with provision of a support person, facilitate communication between foster carers and parents and improve its own personnel and practices.

Referrals to relevant agencies and services

Mothers felt the Department should be providing mothers with brochures, information and referrals to relevant agencies at the time it took their children into care.

> *When the Department apprehends a child, they should be giving you information, especially Fin WA, because they've got all the information. After you lose a child, you're lost for a long time. If you were given the information … a package or something with all the numbers, or a support worker that can give you the information. You should be given that immediately, the services that you need to go to, or who can offer you support. You are not taking anything in. You can't retain anything in your head, because after losing a child, you are all over the place. Just so you know where to start. They should give you information on Fin WA or an agency that can support you and tell you the next steps to take.*

I reckon the Department should tell them [parents of children taken into care] about where they can get help from, to go and seek it... have brochures of NA meetings in their [offices] when you walk in... put pamphlets about the NA meetings and the help to stay clean, in [the Department's] offices.

Provision of a support person

Mothers also saw a need for ongoing in-person support for parents whose children were taken into care.

[The Department] have a responsibility to the parents. What should be happening is there should be a person going in with them and sitting with a parent after that [apprehension] because especially if you're drug-affected or drug-addicted then, or in domestic violence, you're not thinking, you're not fathoming what's happening, your first thought is 'let's go out and get f..... wasted' and then it just starts this whole spiral.

What you need is someone, who is saying 'hey this is going to be all right', not, 'you are not going to have your children back'. We have a timeframe, you still have a court date, you still have to go to court and they still have to set that order'. You need someone to come and see you every day and say 'all right this is what you need to do, and yes, the more clean piss tests you can do between now and your court date, the more likely it is that you will get a supervision order, rather than a two-year order, placement order'.

Facilitated communication between foster carers and parents

One mother enthusiastically advocated for a communication book to improve communications between parents and their child(ren's) foster carers.

A communication book should be between that foster carer and the parent. So each time the child comes from a visit, the foster carer should have written down what the kids have done, how they're going in school, you know, if there's a school report, if there is a special little merit certificate. That shit should all come back to the parent. So there should be a file that, that even the parent can take the pages out and say 'all right,I'm taking them home' and then 'I'll put that there' and that's something to focus on, you know like, yeah there should be a communication book always and the foster parent should earn their money and just go 'this is what we do as our daily routine' because that gives the parent, who is going to be reunified, some idea of what's working for the child already. There should be a communication book, because it is just a respect thing and something for the parents to focus on.

Staff transparency and integrity

In view of the matters raised in earlier sections, it is not surprising that mothers suggested that Department should require its staff to:

- be prepared to acknowledge and rectify their errors, and

- provide written advice about what mothers need to do to achieve reunification with children taken into care.

  It is not that we have to fight this organisation, it is just that we have to make sure that the people who work in it, aren't afraid to say 'I f….. up and here's your kids back' and they aren't afraid to put things on paper and say 'this is the process, this is what I think you need to do'.

10. Conclusions

Mothers in this study reported positively on many agencies that both supported their desires to care for their children and understood and empathised with the challenges of living with addiction. Key organisations named by participants in this study are listed in Section 5. Interagency collaboration can be effective both in eliminating the need for child apprehensions and in assisting the reunification process relating to children who have been placed in care.

Early intervention that minimises the need to separate mothers and their newborns is needed for:

- pregnant women (especially those seeking help prior to the birth of their child(ren)), and
- breast-feeding mothers, seeking acknowledgement and support for their efforts to nourish and bond with their child(ren).

As reunification starts at the point of apprehension, it is essential to provide effective support to mothers at this time to prevent a downward spiral into unhealthy coping mechanisms such as alcohol and other substances. Where mothers are under the influence of alcohol or other substances during the apprehension process, timely follow-up is need from agencies that can:

- recognise the mothers' health needs,
- explain the responsibilities of the Department,
- explain the reasons for the apprehension, and
- mentor the mothers through the trauma of having their child(ren) taken into care.

A disconnect between the Department and the mothers fosters and fuels adversarial relationships between these parties, rather than a willingness to collaborate in the interests of the child(ren) in care and establish successful reunification processes. Involvement of addiction counsellors is integral to the strategy of effective collaboration.

It is important for service staff facilitating mother/child relationships to acknowledge that mothers may, themselves, have lacked positive parental role models to aid them in developing effective parenting skills and provide sound advice and strategies relating to managing child behaviours. Whilst adhering to safety guidelines, support tailored to individual mother/child needs and acknowledging cultural differences and experiences can enable mothers to develop trust in their relationships with Departmental staff and establish a collaborative approach, which makes child(ren)'s

safety central to the reunification process.

Children also need support and to have their removal from their mother's care explained to them in empathetic terms acknowledging the bond they may have with their mothers. During the reunification assessment period, children experience processes and communications that are unnatural to them. Communication between the Department and the mothers, therefore, needs to explicitly discuss and address the issues that arise from meetings between staff and children. Secrecy disempowers mothers striving for solutions to their children's concerns.

When supervised visits with children in care take place in restricted environments such as service facilities, mothers have difficulty maintaining bonds with their children. Mothers and children prefer to have more natural environments such as parks and playgrounds as the venues for their contact visits.

11. Recommendations

The following recommendations are made to support these mothers and future mothers seeking successful reunification and safety for their child(ren). These recommendations recognise the need to support and maintain the bond between mothers and their child(ren), whenever children are placed in care.

Needs of mothers of child(ren) in care or child(ren) at risk of being taken into care

Documented reunification pathway and collaborative planning.

Regular information and contact with child(ren) taken into care.

Access to appropriate counselling services.

Access to appropriate advocates to mediate when conflict arises with the Department.

Access to appropriate legal advocacy.

Mentorship to develop effective parenting skills or access to parent role models.

Assistance with establishing and maintaining healthy community support networks.

Interagency

Strong interagency collaboration and regular communication between specialist addiction services, the Department and other organisations involved.

Clear articulation of organisational roles and responsibilities to mothers and child(ren).

Early interagency family support interventions to avoid the need for child apprehension, particularly when mothers are pregnant or have recently given birth.

Culturally sensitive support that recognises that mothers with child(ren) in care may have complex family relationships.

Department

Address the Department's purview and organisational culture to ensure recognition of mothers' needs for reunification support and the establishment of collaborative partnerships.

Address mother's concerns around foster/family care and their child(ren)'s current

and future needs.

Set transparent goals with mothers and have a clear rationale for changes in expectations to meet child(ren)'s safety guidelines.

Provide clear and consistent interpretations regarding management of alcohol and other substances and meeting assessment guidelines.

Provide greater flexibility in drug-testing requirements to enable parents of children in care to meet travel commitments and gain and maintain employment.

Provide consistency regarding the roles and responsibilities of child(ren)'s carers and especially the carers' responsibility to facilitate mothers' access to their children in care.

Provide encouragement and support for supervised visits in child-friendly, 'natural' environments (such as parks, playgrounds and community gardens) that provide parenting opportunities and support mother-child(ren) relationships.

Glossary

Apprehension	In this research, means child(ren) being removed from parent(s) and taken into care.
Best Beginnings	In this research, means the Department's home visiting service for families of new infants. https://www.dcp.wa.gov.au/SupportingIndividualsAndFamilies/Pages/BestBeginnings.aspx
CAMHS	The West Australian Department of Health provides the Child and Adolescent Mental Health Service (CAMHS), which provides mental health programs to infants, children and young people up to the age of 17 via services in the community and in a hospital setting. See http://ww2.health.wa.gov.au/About-us/Child-and-Adolescent-Health-Service/Child-and-Adolescent-Mental-Health-Service
Carers	In this research, means family carers and other foster carers.
Circle of Security	In this research, means an international early intervention program for parents and children. In Western Australia, parents of children in care can be required to attend a Circle of Security course in order to reunify with their child(ren). See https://www.circleofsecurityinternational.com/
City Farm	Perth City Farm is a not-for-profit organisation operating an ethical farm and nursery in East Perth. See https://www.perthcityfarm.org.au/
Cyrenian House	A not-for-profit, non-government organisation, that is one of the leading Alcohol and Other Drugs treatment services in WA. See http://www.cyrenianhouse.com
DAYS	Mission Australia's Drugs and Alcohol Youth Service (DAYS) based in East Perth provides young people and their families with access to a comprehensive range of free and confidential services addressing the use of alcohol and other substances. http://sd.missionaustralia.com.au/386-drug-and-alcohol-youth-service
Daydawn	Daydawn Advocacy Centre is an initiative by the Roman Catholic Archdiocese of Perth on behalf of indigenous people, especially Noongar people of the South West. Daydawn provides legal, medical, financial, educational and social services for the Indigenous people, See http://daydawn.org.au/about/
Department	West Australian Department of Child Protection and Family Support See https://www.dcp.wa.gov.au/
Domestic Violence Advocacy Service	A free service provided by Womens Health & Family Service, the Domestic Violence Advocacy Service helps women who have experienced, or are at risk of domestic violence, access support. DVAS provides people with a safe and friendly environment to access advocacy, legal and DCP services. See https://whfs.org.au/domestic-violence-advocacy-service-dvas/
Esther House	The Esther Foundation (once known as Esther House) is an extensive and award-winning residential young women's health, development and leadership program through ten residential premises based around South Perth. See https://www.estherfoundation.org.au/about-us/
Family Relationships	See Relationships Australia.
Fin WA	Family Inclusion Network of Western Australia Inc provides advocacy and support services to parents and family members who have had their children placed in 'out of home care' i.e. foster care or relative care. See http://finwa.org.au/
Foodbank	Foodbank is the largest hunger-relief organisation in Australia. See https://www.foodbankwa.org.au/
Foundation Housing	One of Western Australia's largest developers and managers of affordable housing for people in need. See http://foundationhousing.org.au/

Holyoake	Holyoake offers a wide range of counselling programs to help people who are affected directly or indirectly by alcohol, drugs and related issues. See https://www.holyoake.org.au/
HomesWest	Refers to Western Australia's public housing provider.
Maggie Dent	Maggie Dent is an Australian author, educator and a provider of online parenting courses and other parenting resources. See https://www.maggiedent.com/
Mission Australia	Mission Australia is a non-denominational Christian charity providing free community and employment services across Australia. See http://sd.missionaustralia.com.au/
Mixed Gender Rehabilitation	Cyrenian House's Mixed Gender Rehabilitation program. See http://www.cyrenianhouse.com/services/therapeutic/mixedgender/
NA	Narcotics Anonymous is a non-profit community-based organisation for recovering addicts. See http://www.wana.org.au/
Newstart	The Newstart Allowance is the Australian Government's main income support payment for people who are unemployed and looking for work. See https://www.humanservices.gov.au/individuals/services/centrelink/newstart-allowance
Next Step	Next Step Drug and Alcohol Services (Next Step) is a health service providing a range of treatment services for people experiencing problems associated with their use of alcohol and other substances as well as support for their families. Services under Next Step include outpatient treatment services and pharmacy, youth services and the community pharmacotherapy program. See https://www.mhc.wa.gov.au/about-us/our-services/next-step-drug-and-alcohol-services
Ngala	A not-for-profit organisation working with and for families and community members to enhance their experience of parenting and the development of children and young people Ngala See http://www.ngala.com.au/course/Parenting-Workshops/Circle-of-Security
Palmerston	A service aiming to improve the lives of people affected by use of alcohol and other substances. See http://www.palmerston.org.au/
Parkerville	Parkerville Children and Youth Care is a not-for-profit organisation located throughout Western Australia. it protects, cares, advocates and promotes recovery for children and young people, who have experienced trauma from abuse, supports families and works with community to prevent child abuse. See http://parkerville.org.au/
PEPISU	The Womens Health & Family Services PEPISU (Pregnancy, Early Parenting and Illicit Substance Use) Women and Children's Program provides a range of services for both women with substance use issues who are pregnant and/or parenting, and for their families. See https://whfs.org.au/services/pepisu-women-and-childrens-program/
Relationships Australia	A non-profit community service organisation providing relationship support services for individuals, couples, families and communities. See https://www.relationshipswa.org.au
Safe at Home	The Women's Council for Domestic and Family Violence Services (WCDFVS) runs the Safe at Home program, which provides support for women and children experiencing domestic violence to stay in their housing, when it is safe to do so. See http://www.womenscouncil.com.au/safe-at-home.html
Saranna	Cyrenian House's Saranna Women and Children's Program. See http://www.cyrenianhouse.com/services/therapeutic/saranna-women-and-childrens-program/
SARC counselling	Sexual Assault Resource Centre at Perth's King Edward Memorial Hospital. http://kemh.health.wa.gov.au/services/sarc/
Serenity	Cyrenian House's Serenity Lodge Therapeutic Community at Rockingham. http://www.cyrenianhouse.com/services/serenity-lodge-tc/

S.O.U.L Care	S.O.U.L. (Servants of United Love Incorporated) Care runs two homes in Rockingham for women and babies. See http://soulincorporated.org/ http://weepingmadonna.org/soul-care/
Strong Families program	Fostered co-ordination between agencies involved with the parent of a child in care.
Teen Challenge	Teen Challenge in Western Australia aims to provide youth, adults and children with an effective faith-based solution to drug and alcohol addition as well as other life-controlling problems See http://www.teenchallengewa.org.au/welcome
UnitingCare West	A community services agency of the Uniting Church, UnitingCare West offers: • programs spanning the areas of community and family services, disabilities and youth, mental health, independent living and accommodation services, and • a range of free and confidential specialist services in the areas of substance misuse, teenage parenthood, sexual diversity and community safety and crime. See http://www.unitingcarewest.org.au/
YAP	Young Adolescent Parents
Wanslea	Western Australian organisation focused on the welfare of children and offering services in the areas of Family Support, Out of Home Care, Community Capacity Building and Child Care See https://www.wanslea.asn.au/
Women's Health and Family Services	Women's Health & Family Services is a not-for-profit organisation specialising in women's health issues for Western Australian women. It services include sincluding medical, counselling, mental health, drug and alcohol support, domestic violence, community workshops and professional training. Its programs include PEPISU and the Domestic Violence Advocacy Service See https://whfs.org.au/
WANDAS clinic	King Edward Memorial Hospital's Women and Newborn Drug and Alcohol Service (WANDAS) provides support, care and information for pregnant women with alcohol and drug dependency. See http://www.kemh.health.wa.gov.au/services/WANDAS/index.htm

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